

SERFF Tracking Number:	PHYS-125695323	State:	Arkansas
Filing Company:	Physicians Mutual Insurance Company	State Tracking Number:	39312
Company Tracking Number:	PMA2898		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	LTC		
Project Name/Number:	PMA2895AR/PMA2895AR		

## Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: LTC

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: PHYS-125695323 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: PMA2898

Co Status:

Authors: Sonya Dickey, Sara Magee-Garcia

Date Submitted: 06/16/2008

State Tr Num: 39312

State Status: Filed-Closed

Reviewer(s): Harris Shearer

Disposition Date: 07/24/2008

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: PMA2895AR

Project Number: PMA2895AR

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/24/2008

State Status Changed: 07/24/2008

Corresponding Filing Tracking Number: PMA2895AR

Filing Description:

RE: Long Term Care Advertisements

Brochures: PMA2895AR- for the P145AR policy

PMA2896AR- for the P146AR policy

PMA2897AR – for the P147AR policy

PMA2898AR – for the P148AR policy

Highlight Sheets: PMA2892B – for both the P145AR & P146AR policies

PMA2893B – for the P147AR policy

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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PMA2894B – for the P148AR policy

Quoting Software: PMA2596 – for the P145AR policy

PMA2597 – for the P146AR policy

PMA2598 – for the P147AR policy

PMA2599 – for the P148AR policy

The above referenced advertising material being submitted for your review and approval.

This material will to create an interest the following Long Term Care Policies:

POLICIES    APPROVAL DATE

P145AR    8-11-04

P146AR    8-11-04

P147AR    8-11-04

P148AR    8-11-04

The above referenced material will always be used by licensed agents and in conjunction with the approved outlines of coverage.

If you have any questions concerning material, please contact me at 1-800-228-9100, option 1, option 6, extension 2633. You may also contact me via email at Sara.Magee-Garcia@physiciansmutual.com. Your assistance in getting the material approved for use in your State is greatly appreciated.

## Company and Contact

### Filing Contact Information

Sara Magee-Garcia,  
2600 Dodge Street  
Omaha, NE 68131

sara.magee-garcia@physiciansmutual.com  
(800) 228-9100 [Phone]  
(402) 633-1096[FAX]

### Filing Company Information

Physicians Mutual Insurance Company  
2600 Dodge Street  
Omaha, NE 68131

CoCode: 80578  
Group Code: 367  
Group Name:

State of Domicile: Nebraska  
Company Type:  
State ID Number:

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(402) 633-1188 ext. [Phone]

FEIN Number: 47-0270450

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$440.00
Retaliatory?	No
Fee Explanation:	\$40 per form, 11 forms included in filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$440.00	06/16/2008	20918773

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/24/2008	07/24/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
PMA2596	Form	Sara Magee-Garcia	06/24/2008	06/24/2008
PMA2597	Form	Sara Magee-Garcia	06/24/2008	06/24/2008
PMA2598	Form	Sara Magee-Garcia	06/24/2008	06/24/2008
PMA2599	Form	Sara Magee-Garcia	06/24/2008	06/24/2008

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## **Disposition**

Disposition Date: 07/24/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Form	PMA2895AR	Filed-Closed	Yes
Form	PMA2896AR	Filed-Closed	Yes
Form	PMA2897AR	Filed-Closed	Yes
Form	PMA2898AR	Filed-Closed	Yes
Form	PMA2892B	Filed-Closed	Yes
Form	PMA2893B	Filed-Closed	Yes
Form	PMA2894B	Filed-Closed	Yes
Form (revised)	PMA2596	Filed-Closed	Yes
Form	PMA2596	Withdrawn	Yes
Form (revised)	PMA2597	Filed-Closed	Yes
Form	PMA2597	Withdrawn	Yes
Form (revised)	PMA2598	Filed-Closed	Yes
Form	PMA2598	Withdrawn	Yes
Form (revised)	PMA2599	Filed-Closed	Yes
Form	PMA2599	Withdrawn	Yes

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**Amendment Letter**

Amendment Date:  
 Submitted Date:      06/24/2008

**Comments:**

Quoting Software forms numbers PMA2596, PMA2597 ,PMA2598,PMA2599 have been revised to include inflation riders B324, B325, B326, B327 which were approved for use in Arkansas on May 22,2008. Due to the addition of the riders it was also necessary to revise the form numbers to the following: PMA2596-0408, PMA2597-0408, PMA2598-0408, and PMA2599-0408. The newly revised forms have been added to the Form Schedule tab.

Thank you for all of your assistance with this filing.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
PMA2596	Advertising	PMA2596	Initial					PMA2596-0408.pdf

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
PMA2597	Advertising	PMA2597	Initial					PMA2597-0408.pdf

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
PMA2598	Advertising	PMA2598	Initial					PMA2598-0408.pdf

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
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PMA2599   Advertising   PMA2599   Initial

PMA2599-  
0408.pdf

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## Form Schedule

**Lead Form Number:** PMA2895AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	PMA2895A	Advertising	PMA2895AR	Initial			PMA2895AR.pdf
Filed-Closed	PMA2896A	Advertising	PMA2896AR	Initial			PMA2896AR.pdf
Filed-Closed	PMA2897A	Advertising	PMA2897AR	Initial			PMA2897AR.pdf
Filed-Closed	PMA2898A	Advertising	PMA2898AR	Initial			PMA2898AR.pdf
Filed-Closed	PMA2892B	Advertising	PMA2892B	Initial			PMA2892B.pdf
Filed-Closed	PMA2893B	Advertising	PMA2893B	Initial			PMA2893B.pdf
Filed-Closed	PMA2894B	Advertising	PMA2894B	Initial			PMA2894B.pdf
Filed-Closed	PMA2596	Advertising	PMA2596	Initial			PMA2596-0408.pdf
Filed-Closed	PMA2597	Advertising	PMA2597	Initial			PMA2597-0408.pdf
Filed-Closed	PMA2598	Advertising	PMA2598	Initial			PMA2598-0408.pdf
Filed-Closed	PMA2599	Advertising	PMA2599	Initial			PMA2599-0408.pdf

## You Need Coverage... We Can Help

For over 100 years, Americans have turned to Physicians Mutual Insurance Company for advice on how to help their families.

With over 30 years of experience in long-term care insurance, we have the financial strength, stability and service you need in order to create an insurance plan that will help protect you and your family.

In recognition of our financial strength, we consistently receive high ratings from America's leading independent insurance authorities.

At Physicians Mutual®, we conduct business with absolute honesty and integrity. Our values have not changed, and we remain true to our promise . . .

*We're here when you need us.®*



2600 Dodge Street  
Omaha, NE 68131-2671

402-633-1000  
[www.PhysiciansMutual.com](http://www.PhysiciansMutual.com)

## Additional Insurance Policy Features:

### No Waiting Period for Pre-existing Conditions

Some long-term care insurance policies require you to wait up to six months before pre-existing conditions are covered, but not with this insurance policy. If all information is disclosed accurately on your application, you are eligible for coverage with no waiting period for prior health problems once your insurance policy is in force.

### Guaranteed Renewable

Your insurance policy will always be renewable for as long as you wish to continue making timely premium payments.

### Late Payment Protection

To help assure that your coverage doesn't lapse by mistake, you may designate another person for us to notify if we do not receive your premium payment on time.

This insurance policy is a non-tax qualified long-term care insurance policy. This brochure is a brief description of coverage, not intended to provide full details of the insurance policy. For further details of this insurance policy P145, including benefits, limitations, exclusions, costs, specific provisions for your state and how to keep your coverage in force, please read your Outline of Coverage and insurance policy carefully upon receipt. Eligible ages for this insurance policy are 18 through 79. Insurance policy options and benefits may vary and some may not be available in your state. If you have any questions about this insurance policy or the benefits, please ask your agent.

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Physicians Mutual Insurance Company®

## VISTA Care™ Choices

*Non-Tax-Qualified Long-Term Care Insurance*



PMA2895AR



# Choices Today For Tomorrow's Needs

Most people assume they will live a long life. If so, this means they may be more likely to have an extended illness as they get older. You've worked hard to keep your family and finances safe. But when you get sick and need care, will you have the protection you require?  
**If you need assistance, who will take care of you?**

Caregiving is an act of love. Your family will want to take care of you, but they shouldn't have to do it by themselves. People don't just

put their hearts into providing care, they put their health into it as well, which makes caregiving stressful and time consuming. **What will providing care do to your family and finances?**

If you get sick, you may have to take money from your retirement funds to pay for your care. If this happens, you may not have enough savings to do everything that you had planned to do during retirement. **Who will help you pay?**

For all of these concerns, long-term care insurance from Physicians Mutual Insurance Company can help ensure that both your needs and your family's needs can be protected.

With long-term care insurance, you can modify your home to allow you to live more safely, get special equipment for your new medical needs, or hire a personal nurse or caretaker. This insurance policy can allow your family to care for you better and longer in the comfort of your own home. Plus, you can receive benefits for facility care, in case you need further help. Coverage can be customized to fit your individual needs.

To help your family take care of you, we offer...

## Covered Services In A Variety of Settings

VISTA Care™ Choices Non-Tax-Qualified Long-Term Care insurance automatically includes benefits for a wide range of long-term care services and settings:

### Facility Care Benefits

- Nursing Home Care (Skilled, Intermediate, and Custodial)
- Assisted Living Facility
- Hospice Facility

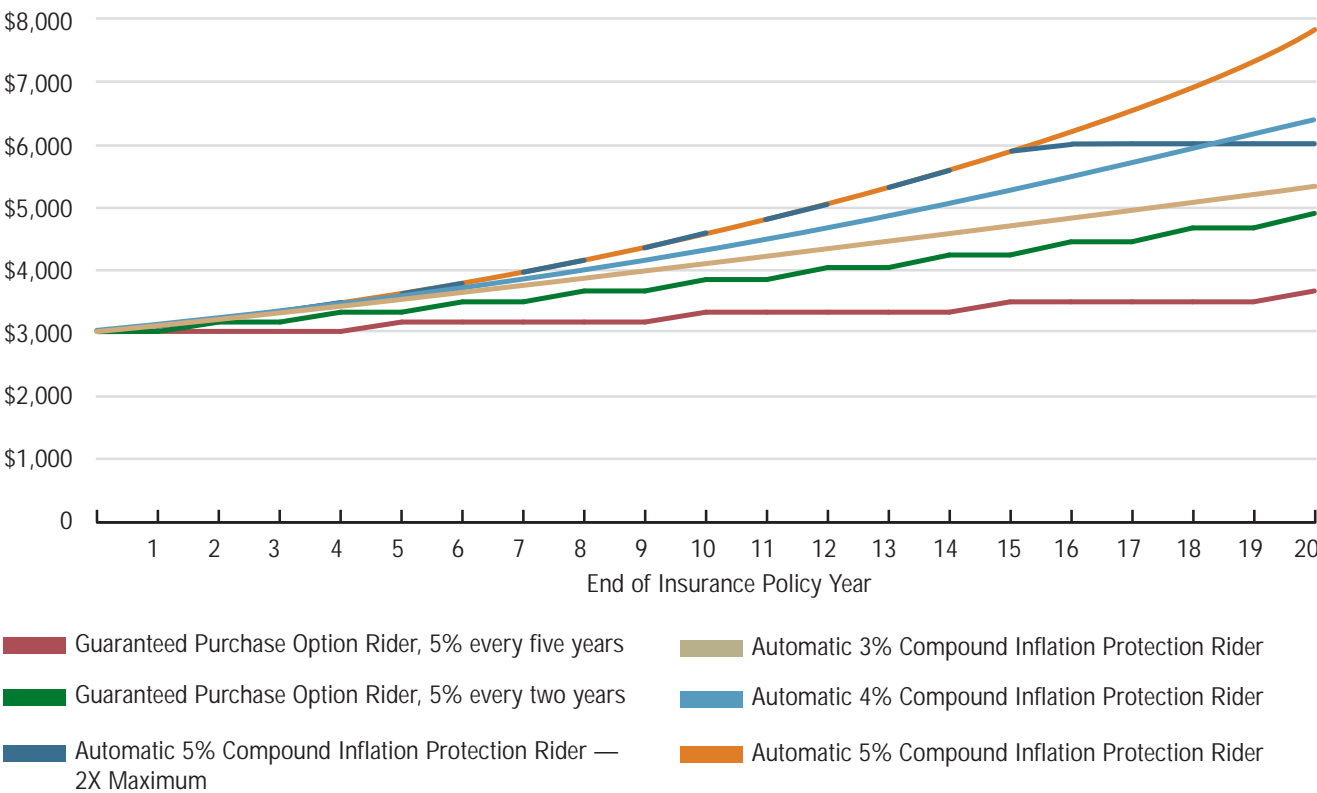
### Home & Community Care Benefits

- Home Health Care (including homemaker services)
- Respite Care
- Adult Day Care Program
- Hospice Care



## How Inflation Protection Riders Help Your Benefits Grow

The graph below shows how a \$3,000 Facility Care Benefit would grow over time with the purchase of different Inflation Protection Riders. The Guaranteed Purchase Option Rider is illustrated as exercised every two and every five years. The Automatic Compound Inflation Protection Benefit Riders automatically increase the Monthly Maximum by 3%, 4% or 5% each year the insurance policy remains in force depending on which option is selected. Over a 20-year period with the Automatic 5% Compound Inflation Protection Rider, each \$100 of Monthly Maximum would grow to approximately \$265 of Monthly Maximum, regardless of age or changes in health.







# Inflation Protection Riders

With medical costs rising, long-term care is becoming more and more expensive. If your insurance benefits don't increase in order to keep up with the growing costs, you may not have the coverage you need. You can help offset these rising costs by adding one of our Inflation Protection Riders to your coverage.

- ☐ **Automatic Compound Inflation Protection Benefit Riders**  
On each insurance policy anniversary, your current Facility Care Benefit, Home and Community Care Benefit, and remaining Maximum Benefit will automatically increase by the percentage you select.

☐ 3%☐ 4%☐ 5%

- ☐ **Automatic 5% Compound Inflation Protection Benefit Rider — 2X Maximum**  
On each insurance policy anniversary, your Facility Care Benefit, Home and Community Care Benefit, and remaining Maximum Benefit will automatically increase by 5% of the current benefit. The benefit amounts will keep increasing until the Facility Care Benefit and Home and Community Care Benefit are double the amount of the original benefits on the effective date of this rider, there after no increase will occur.

- ☐ **Guaranteed Purchase Option Rider**  
On each insurance policy anniversary, if your Waiver of Premium Benefit is not in effect, you have the option to increase your Facility Care Benefit, Home and Community Care Benefit, and remaining Maximum Benefit by 5% of the current benefit. Each time you exercise this option, the premium increases accordingly for the increased benefit amount, based upon your attained age.

## Monthly Maximum

This VISTA Care™ Choices insurance policy provides a **Monthly** Maximum Benefit. You select the amount of coverage that fits your needs. There are two components of your Monthly Maximum:

- **Facility Care Benefit amount:**

This is the maximum amount that you can receive for covered facility care services each month. You choose a Monthly Maximum from \$1,500 to \$12,000, in \$100 amounts.
- **Home and Community Care Benefit amount:**

These benefits are paid as a percentage of your Facility Care Benefit amount. You choose the percentage you want to receive — 100%, 75% or 50% of your Facility Care Benefit amount.

## Benefit Multiplier

The Benefit Multiplier you select will determine your Maximum Benefit. Your agent can help you select the amount you need based on your own personal situation.

VISTA Care™ Choices offers the following Benefit Multipliers:

- ☐ 2 Years☐ 5 Years
- ☐ 3 Years☐ 8 Years
- ☐ 4 Years☐ Lifetime

## Maximum Benefit

Your Maximum Benefit is the total amount of benefits available to you. Here's how your monthly benefits are calculated...

Your Maximum Benefit will equal the Monthly Maximum you select, times the Benefit Multiplier you select, times 12 (Months). For example, if you selected a \$6,000 Monthly Maximum and a 3 Year Benefit Multiplier:

\$6,000 Monthly Maximum

x3 Year Benefit Multiplier

x12 Months *(Maximum Benefits are calculated per year)*

\$216,000

Of course, as you receive benefits, your Maximum Benefit amount will decrease by the amount of benefits paid.

## Here's Why A Monthly Maximum Is Important

This insurance policy gives you a Monthly Maximum Benefit rather than a Daily Maximum Benefit, which can make a **big difference** in how you receive benefits.

Compare two long-term care insurance policies:

- One with a \$6,000 Monthly Maximum

• One with a \$200 Daily Maximum (or approximately \$6,000 total Maximum for the month)

### With a Monthly Maximum insurance policy:

If you needed a \$240 service (for example, a visit from a home health aide) three days per week for a month, the monthly total for that service would be \$2,880. That service could be completely paid for under the insurance policy with the Monthly Maximum.

Monthly Maximum	Total Monthly Charge	Insurance Policy Pays	You Pay
\$6,000/mo	\$2,880	\$2,880	\$0

### With a Daily Maximum insurance policy:

However, the insurance policy with the Daily Maximum would pay only \$200 (the Daily Maximum) of that \$240 charge for each day. That means if you had coverage with a Daily Maximum, you would be responsible for the balance of that charge (\$40) each day, a total of \$480 per month.

Daily Maximum	Total Monthly Charge	Insurance Policy Pays	You Pay
\$200/day	\$2,880	\$2,400	\$480

In this example, the Monthly Maximum insurance policy would **save** you from paying \$480 for long-term care out of your own pocket, even though the amount of monthly coverage from both policies is roughly the same!



Activities of Daily Living (ADLs)

The exact definitions of the Activities of Daily Living vary from state to state, but generally include:

Bathing

Washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence

The ability to maintain control of bowel and bladder functions; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing

Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating

Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

Toileting

Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring

Moving into or out of a bed, chair or wheelchair.

Ask your agent for the specific definitions of ADLs in your state.

Elimination Period

An Elimination Period is the number of days you must wait before benefits are paid. Some insurance plans require you to incur and pay expenses before your Elimination Period begins. With our coverage, your Elimination Period begins the day a licensed health care practitioner certifies you as disabled and prescribes a plan of care. Plus, it counts every calendar day you are disabled, not just the days you receive care. So, with our insurance plan, you could get benefits sooner, which may result in lower out-of-pocket expenses. Plus, after you satisfy your Elimination Period, you'll never have to satisfy it again for as long as you have this coverage.

Choosing Your Elimination Period:

When deciding on an Elimination Period, you may want to ask yourself how long you could pay for long-term care expenses before another source of funds would be needed. Some people plan to have substantial assets saved and set aside money to cover the initial costs associated with long-term care expenses. These people may prefer to have a longer Elimination Period. Others may be living on a fixed budget with fewer savings, or may not want to use their savings to pay for these expenses when they occur.

Your Elimination Period options are:

- ☐ 0-day
- ☐ 30-day
- ☐ 60-day
- ☐ 90-day
- ☐ 180-day
- ☐ 365-day

Qualifying for Benefits

To qualify for benefits, a licensed health care practitioner must certify you as a disabled individual and prescribe a plan of care.

For facility care benefits, disability means that you require:

- Substantial assistance to perform at least two Activities of Daily Living (ADLs), due to sickness or injury;
- Substantial supervision due to a cognitive impairment; or
- Services that are medically necessary.

For home and community care benefits, disability means that you require:

- Substantial assistance to perform at least two Activities of Daily Living (ADLs), due to sickness or injury; or
- Substantial supervision due to a cognitive impairment.

Additional Riders

☐ Home Cash Benefit Rider<sup>1</sup>

The Home Cash Benefit amount is additional money that helps you stay in the comfort of your own home. The benefit amount is equal to 20% of your Home and Community Care Benefit amount and will be paid to you each month when you receive at least one day of Home and Community Care that month. If you have purchased an Inflation Protection Rider, your Home Cash Benefit amount will also increase (please see page 9).

☐ Waiver of the Elimination Period for Home and Community Care Rider<sup>2</sup>

When you select this rider and qualify for benefits, your Home and Community Care Benefits start immediately, helping to protect your family and finances from the extra cost of your care. In addition, each day you are eligible to receive Home and Community Care Benefits means another day of your Elimination Period has been satisfied, in case you need facility care in the future.

☐ Return of Premium Rider

When you select this rider, upon your death, your family will receive the total amount of premiums paid for your policy and all riders attached, less the total amount of benefits paid. If the total of benefits paid exceeds the total of premiums paid, this Return of Premium benefit will be zero.

☐ Shortened Benefit Period Nonforfeiture Rider

If your financial situation should change and you can't pay future premiums, you can still help protect yourself with this rider. If your insurance policy lapses after three years, it will be considered paid-up and your new Maximum Benefit will become the greater of 100% of the premiums you've paid for your insurance policy and its riders or your Facility Care Benefit in effect on the date of lapse, including any increases from an Inflation Protection Rider (please see page 9). No benefits will be paid in excess of the Maximum Benefit that would have been in effect if you had continued to pay premiums as required.

Limitations

(1) The Home Cash Benefit provision provided by this rider will not apply if: (a) You have been confined in a nursing home, an assisted living facility or a hospice facility for any part of the calendar month; or (b) You are receiving care or services outside the United States of America, its territories and possessions.

(2) The Waiver of Home and Community Care elimination period provision provided by this rider will not apply if: (a) You are confined in a nursing home, an assisted living facility or a hospice facility; or (b) You are receiving care or services outside the United States of America, its territories and possessions.





# Optional Benefit Riders

## Discount Riders

Because we value our policyowners, we offer special discounts with our insurance policies.

### ☐ Spouse Premium Discount Rider

When you and your spouse are issued a VISTA Care™ Choices insurance policy, you both receive a 30% discount on your total premium amount.

### ☐ Married Premium Discount Rider

If you are married and your spouse does not have a VISTA Care™ Choices plan with us, you still receive a 10% discount on your total premium amount when your policy is issued.

### ☐ Family Member Premium Discount Rider

If you have lived with a family member in your home for at least two years and both of you are issued a VISTA Care™ Choices insurance policy with us, you both receive a 10% discount on your total premium amount.

## Spousal Riders

When you and your spouse each purchase a policy, you can further enhance your coverage with these optional riders.

### ☐ Shared Care Benefit Rider<sup>1</sup>

When you select this option, you and your spouse have access to a shared third pool of money that is available if the Maximum Benefit under either of your policies has been exhausted. This additional money is equal to the Maximum Benefit amount that you and your spouse select. With this rider, you both can receive benefits at the same time, if needed, until the maximum amount of your Shared Care Rider is exhausted. Plus, you can still use the money, even if your spouse dies or you get divorced.

If you have purchased an Inflation Protection Rider, the remaining Shared Care Maximum will increase in the same manner as the Maximum Benefit (please see page 9).

### ☐ Surviving Spouse Waiver of Premium<sup>2</sup>

When you and your spouse both select this rider and one of you should unfortunately pass away, the surviving spouse's premium becomes paid-up following the latter of the date of death or on the tenth anniversary of their policy. There are no restrictions as whether or not either spouse has had any claims for benefits prior to that date.

### ☐ Joint Waiver of Premium<sup>3</sup>

When you and your spouse both select this rider, both of your premium payments will be waived if one of you meets the requirements for the Waiver of Premium Benefit in their policy.

## Limitations

(1) Not available with the Lifetime Benefit option. The shared care benefit provision provided by this rider will apply only if: (a) You and your spouse have the same policy effective date and rider effective date for coverage with us under the same policy form with this rider form attached to both policies; and (b) You and your spouse's coverage are continuously in effect from the rider effective date until the date that we begin providing benefits under the shared care provision of this rider.

(2) The waiver of premium provision provided by this rider will only apply if: (a) You and your spouse have the same policy effective date and rider effective date for coverage with us under the same policy form with this rider form attached to both policies; (b) Your coverage is continuously in effect from the rider effective date until the date that we begin to waive your premiums under the waiver of premium provision of this rider; and (c) Your spouse's coverage is continuously in effect from the rider effective date until the earlier of: (i) the date of death of your spouse; or (ii) the date your spouse's policy terminates after we have paid out the maximum benefit amount.

(3) The waiver of premium provision provided by this rider will only apply if: (a) You and your spouse have the same policy effective date and rider effective date for coverage with us under the same policy form with this rider form attached to both policies; and (b) You and your spouse's coverage are continuously in effect from the rider effective date until the date that we begin to waive your premiums under the waiver of premium provision of this rider.

# Other Important Information About Your Insurance Plan:

## Another Way to Receive Benefits

An Alternate Plan of Care can help provide another option and more flexibility with your health care. If there is a better way for you to receive care, other than the services we've already included, you may be able to receive benefits. A written Alternate Plan of Care must be a cost-effective plan in order to be covered under your insurance policy and provide benefits for your claims. The Plan must be approved by you, a licensed health care practitioner and Physicians Mutual.

## Restoration of Maximum Benefit

With our long-term care coverage, you can restore your Maximum Benefit as if no benefits had been paid, including any increases received by an Inflation Protection Rider (please see page 9). Plus, there is no limit to the number of times your benefits can be restored.

Example:

- Maximum Benefit - \$216,000

You become eligible for benefits and use \$60,000 of your coverage, leaving you with \$156,000. If after six months you meet certain requirements, that \$60,000 will be ADDED back INTO your Maximum Benefit, so you will once again have \$216,000 in long-term care protection.

## Bed Reservation Benefit

While confined in a nursing home (or similar facility), it may become necessary for you to leave, perhaps to go to a hospital for medical treatment or to visit your family during the holidays. No matter what the reason, this benefit ensures you will have a bed when you come back. While you are receiving Facility Care Benefits, and if the Elimination Period has been met, your bed can be reserved for up to 60 days per year. If your Elimination Period hasn't been met, each day that you are gone is counted toward your Elimination Period.

## Waiver of Premium

Your comfort is especially important when you have an extended illness. With this feature, you don't have to worry about losing your coverage because you cannot pay your premium. After you have qualified for benefits for a period of at least six months, all future premiums are waived as long as you are eligible for benefits. You don't have to incur expenses for your premium to be waived.





## Help With Your Long-Term Care Choices

### Resource Advisor

Often, when a long-term care need develops, it can come without warning. Many of us aren't prepared to know what to do, who to talk to, and how to arrange the necessary services. That is why VISTA Care™ Choices offers a Resource Advisor as part of this coverage. A Resource Advisor is available to assist you with questions about the following:

- benefit eligibility
- availability of resources in your area
- any other questions you may have about a claim for benefits

### Care Coordination Advisor

After you have spoken with your Resource Advisor, and in the event you need additional care coordination assistance, we will arrange for a Care Coordination Advisor to contact you, at our expense. The Care Coordination Advisor will:

- be a licensed health care practitioner
- assess and coordinate appropriate care and services
- prescribe a plan of care appropriate for your condition
- monitor your plan of care, including periodic assessments of your situation
- assist with the necessary claims documentation

## Additional Benefit Information

Once you're eligible for benefits, the following additional benefits are included in this insurance policy and will not count toward your Maximum Benefit. The Elimination Period does not apply to these additional benefits.

### First-Time Cash Benefit

VISTA Care™ Choices features a First-Time Cash Benefit to help with unexpected costs that may arise. The first time you are eligible for benefits, we will pay a one time lump-sum of \$1,000. This benefit will only be paid once in your lifetime and can be used for any reason.

### Home First Benefit

To help provide greater comfort and assistance in your home, we've included a Home First Benefit. We will pay the expenses for the following:

- Medical Alert System
- Durable Medical Equipment (*purchase, rental or lease*)
- Home Safety Check

The Lifetime Maximum for this benefit is equal to two months of your Facility Care Benefit, including increases in that benefit amount as a result of an Inflation Protection Rider (please see page 9).

### Ambulance Service Benefit

We will pay up to \$75 per trip (with a Lifetime Maximum of \$300) for the expenses you incur for transportation to or from a nursing home, assisted living facility, a hospice facility or a hospital, by a local licensed ambulance service.

### Home Modification Benefit

We understand that you may need to modify your home to accommodate some disabilities. We will pay expenses for modifications to your home that are primarily being made to improve your ability to perform the Activities of Daily Living and allow you

to live safely in your home.

Modifications include, but are not limited to:

- building ramps or widening doorways to accommodate a wheelchair
- purchase or rental of a stair glide
- installation of grab bars and hand rails
- bath or shower modifications

The Lifetime Maximum for this benefit is equal to two months of your Facility Care Benefit, including increases in that benefit amount as a result of an Inflation Protection Rider (please see page 9).

### Informal Caregiver Training Benefit

It's a comfort to be at home when you're not feeling well and need caregiver help. But when the formal caregiver is not there, you may want an informal caregiver to assist you. This could be a spouse, family member or friend who would help take care of you in your own home. We will pay for the expenses of educating an informal caregiver equal to 20% of your current monthly Facility Care Benefit.

### International Coverage Benefit

Your eligible benefits can be accessed anywhere in the world. VISTA Care™ Choices provides coverage to you outside of the United States.

The Lifetime Maximum for this benefit is equal to one month of your Facility Care Benefit, including increases in that benefit amount as a result of an Inflation Protection Rider (please see page 9).

See Outline of Coverage for full information about these benefits.

### Limitations

We will not pay for expenses you incur: (1) while your policy is not in force; except as provided in the Extension of Benefits provision; (2) due to intentional, self-inflicted injury or attempted suicide; (3) that are payable by Medicare or any other federal or state program, except Medicaid; (4) outside the United States, its territories or possessions; except as described in the International Coverage Benefit; (5) that are payable under any workers' compensation or employer's liability laws; (6) due to treatment for alcoholism or drug addiction; (7) for hospital or physician services, prescription drugs, x-rays and lab work; (8) due to injuries or sickness resulting from an act of declared or undeclared war; or (9) for services provided by a family member, unless: (a) the family member is a licensed health care practitioner; (b) the family member is a regular employee of the organization furnishing the service of care; (c) the organization receives the payment for the services; and (d) the family member receives no compensation other than the normal compensation for employees in his or her job category.



# You Need A Plan... We Can Help

For over 100 years, Americans have turned to Physicians Mutual Insurance Company for advice on how to help their families.

With over 30 years of experience in long-term care insurance, we have the financial strength, stability and quality service you need in order to create an insurance plan that will help protect you and your family.

In recognition of our financial strength, we consistently receive high ratings from America's leading independent insurance authorities.

At Physicians Mutual®, we conduct business with absolute honesty and integrity. Our values have not changed, and we remain true to our promise . . .

*We're here when you need us.®*



2600 Dodge Street  
Omaha, NE 68131-2671

402-633-1000  
[www.PhysiciansMutual.com](http://www.PhysiciansMutual.com)

## Additional Policy Features:

### No Waiting Period for Pre-existing Conditions

Some long-term care insurance policies require you to wait up to six months before pre-existing conditions are covered, but not with this insurance policy. If all information is disclosed accurately on your application, you are eligible for coverage with no waiting period for prior health problems once your insurance policy is in force.

### Tax Qualification

Tax-qualified long-term care insurance policies can provide certain tax benefits. Ask your financial advisor for more information about the potential tax benefits.

### Guaranteed Renewable

Your insurance policy will always be renewable for as long as you wish to continue making timely premium payments.

### Late Payment Protection

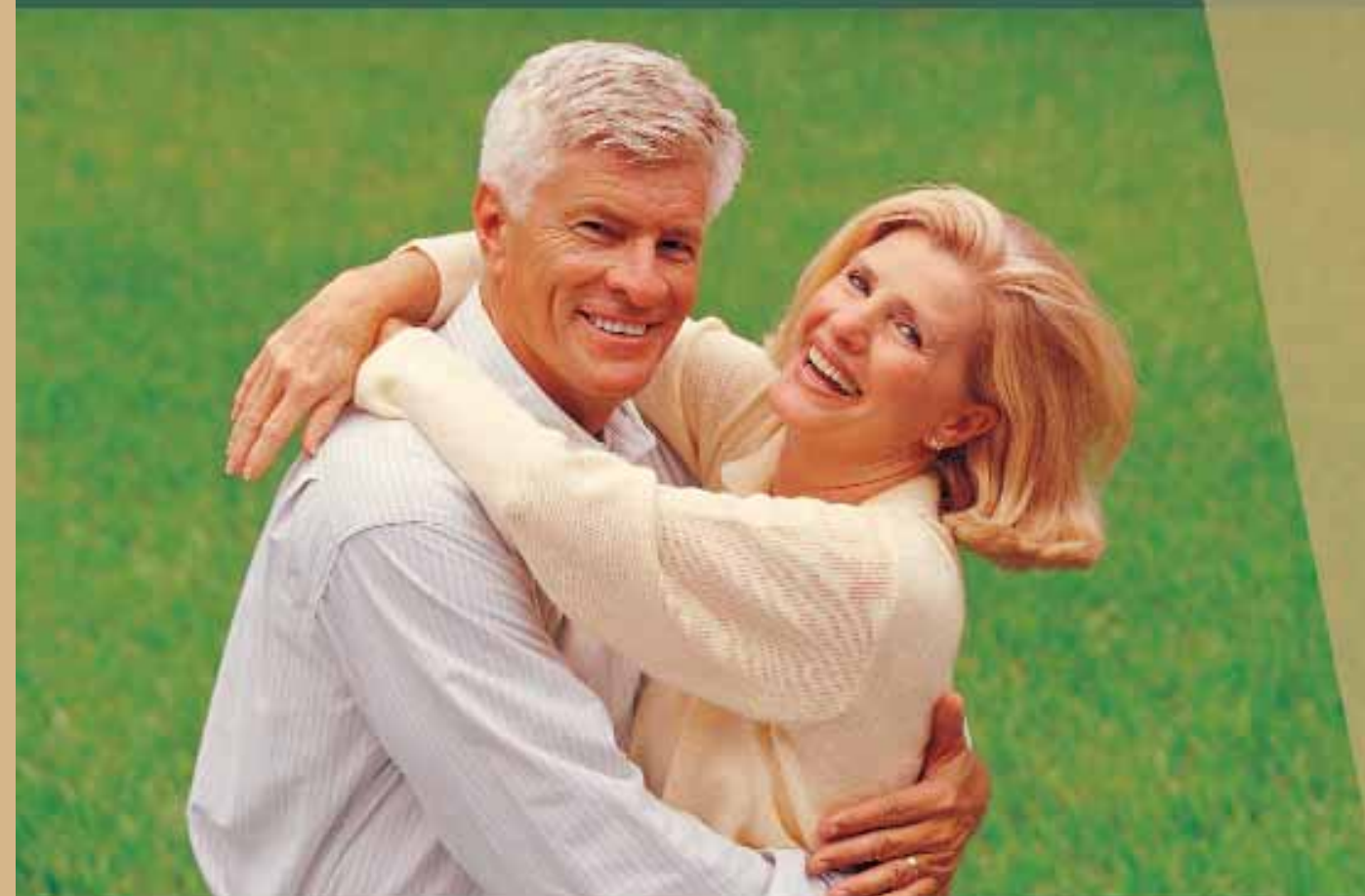
To help assure that your policy doesn't lapse by mistake, you may designate another person for us to notify if we do not receive your premium payment on time.

This insurance policy is a tax-qualified long-term care insurance policy. This brochure is a brief description of coverage, not intended to provide full details of the policy. For further details of this insurance policy P148, including benefits, limitations, exclusions, costs, specific provisions for your state and how to keep your coverage in force, please read your Outline of Coverage and insurance policy carefully upon receipt. Eligible ages for this insurance policy are 18 through 79. Insurance policy options and benefits may vary and some may not be available in your state. If you have any questions about this insurance policy or the benefits, please ask your agent.

Physicians Mutual Insurance Company®

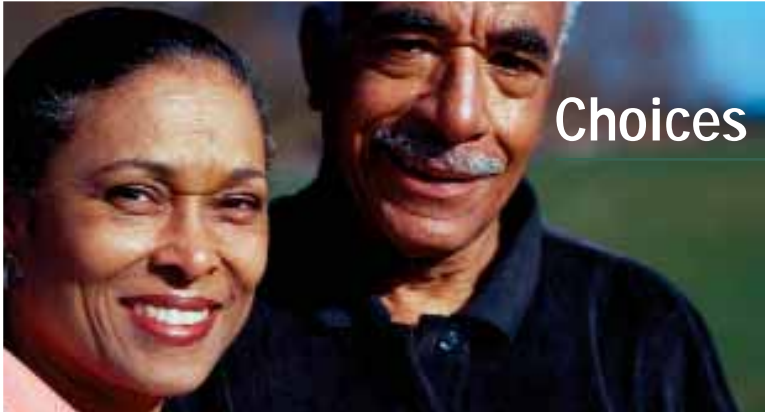
## VISTA Care™ Choices

*Basic Tax-Qualified Long-Term Care Insurance*



PMA2896AR

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# Choices Today For Tomorrow's Needs

Most people assume they will live a long life. If so, this means they may be more likely to have an extended illness as they get older. You've worked hard to keep your family and finances safe. But when you get sick and need care, will you have the protection you require? **If you need assistance, who will take care of you?**

Caregiving is an act of love. Your family will want to take care of you, but they shouldn't have to do it by themselves. People don't just put their hearts into providing care, they put their health into it as well, which makes caregiving stressful and time consuming. **What will providing care do to your family and finances?**

If you get sick, you may have to take money from your retirement funds to pay for your care. If this happens, you may not have enough savings to do everything that you had planned to do during retirement. **Who will help you pay?**

For all of these concerns, long-term care insurance from Physicians Mutual Insurance Company can help ensure that both your needs and your family's needs can be protected.

This long-term care insurance policy includes much more than just nursing home coverage — it can help to modify your home to allow you to live more safely, or even find a professional to help you explore options for your long-term care needs. Plus, you can choose to add home and community care benefits to help your family care for you better and longer in the comfort of your own home. A plan can be customized to fit your individual needs. To help your family take care of you, we offer...

## Covered Services In A Variety of Settings

VISTA Care™ Choices Basic Tax-Qualified Long-Term Care insurance automatically includes benefits for a wide range of long-term care services and settings:

### Facility Care Benefits

- Nursing Home Care (Skilled, Intermediate and Custodial)
- Assisted Living Facility
- Hospice Facility

## Optional Coverage for Home and Community Care

Coverage for home and community care is not included in this policy; however, you can choose to include it by selecting either the Daily Home & Community Care Benefit Rider or the Monthly Home and Community Benefit Rider from the Optional Benefit Riders section in this brochure (please see page 8). Should you select one of these two riders, your covered services would expand to include:

### Home & Community Care Benefits

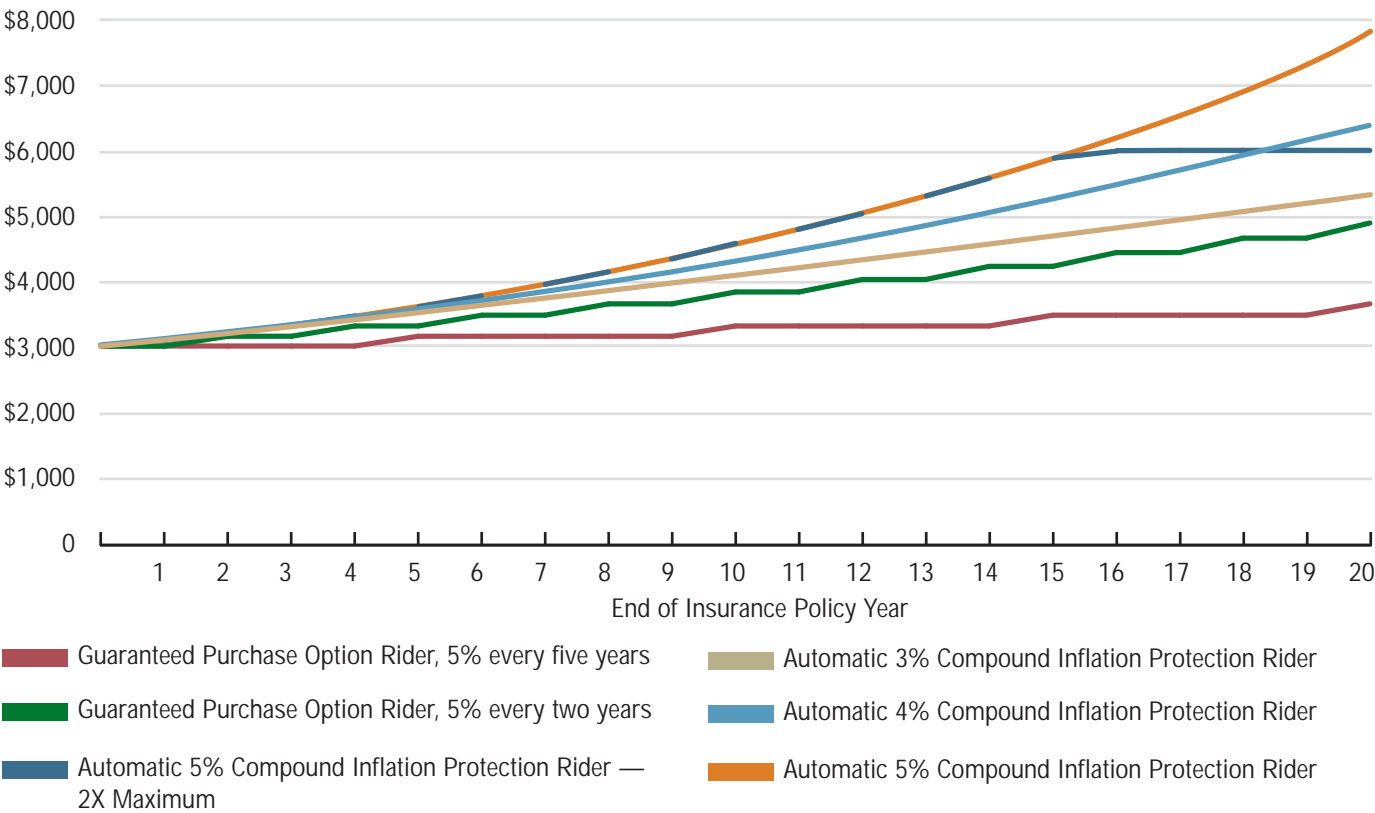
- Home Health Care (including homemaker services)
- Respite Care
- Adult Day Care Program
- Hospice Care

By selecting one of the Home and Community Care Benefit Riders, you can choose Home and Community Care Benefits that are equal to either 50%, 75% or 100% of the Facility Care Benefit amount you select.



## How Inflation Protection Riders Help Your Benefits Grow

The graph below shows how a \$3,000 Facility Care Benefit would grow over time with the purchase of different Inflation Protection Riders. The Guaranteed Purchase Option Rider is illustrated as exercised every two and every five years. The Automatic Compound Inflation Protection Benefit Riders automatically increase the Monthly Maximum by 3%, 4% or 5% each year the insurance policy remains in force depending on which option is selected. Over a 20-year period with the Automatic 5% Compound Inflation Protection Rider, each \$100 of Monthly Maximum would grow to approximately \$265 of Monthly Maximum, regardless of age or changes in health.







# Inflation Protection Riders

With medical costs rising, long-term care is becoming more and more expensive. If your insurance benefits don't increase in order to keep up with the growing costs, you may not have the coverage you need. You can help offset these rising costs by adding one of our Inflation Protection Riders to your policy.

☐ **Automatic Compound Inflation Protection Benefit Riders**

On each insurance policy anniversary, your current Facility Care Benefit, Home and Community Care Benefit (if chosen), and remaining Maximum Benefit will automatically increase by the percentage you select.

- ☐ 3%
- ☐ 4%
- ☐ 5%

☐ **Automatic 5% Compound Inflation Protection Benefit Rider — 2X Maximum**

On each insurance policy anniversary, your Facility Care Benefit, Home and Community Care Benefit (if chosen), and remaining Maximum Benefit will automatically increase by 5% of the current benefit. The benefit amounts will keep increasing until the Facility Care Benefit and Home and Community Care Benefit (if chosen) are double the amount of the original benefits on the effective date of this rider.

☐ **Guaranteed Purchase Option Rider**

On each insurance policy anniversary, if your Waiver of Premium Benefit is not in effect, you have the option to increase your Facility Care Benefit, Home and Community Care Benefit (if chosen), and remaining Maximum Benefit by 5% of the current benefit. Each time you exercise this option, the premium increases accordingly for the increased benefit amount, based upon your attained age.

## Monthly Maximum

This VISTA Care Choices™ insurance policy provides a **Monthly** Maximum Benefit. You select the amount of coverage that fits your needs.

**Facility Care Benefit amount:**

This is the maximum amount that you can receive for covered facility care services each month. You choose a Monthly Maximum from \$900 to \$9,000, in \$100 amounts.

## Benefit Multiplier

The Benefit Multiplier you select will determine your Maximum Benefit. Your agent can help you select the amount you need based on your own personal situation.

VISTA Care Choices offers the following Benefit Multipliers:

- ☐ 1 Year
- ☐ 2 Years
- ☐ 3 Years
- ☐ 4 Years
- ☐ 5 Years
- ☐ 8 Years
- ☐ Lifetime

## Maximum Benefit

Your Maximum Benefit is the total amount of benefits available to you. Here's how your monthly benefits are calculated...

Your Maximum Benefit will equal the Monthly Maximum you select, times the Benefit Multiplier you select, times 12 (Months). For example, if you selected a \$6,000 Monthly Maximum and a 3 Year Benefit Multiplier:

\$6,000 Monthly Maximum

x 3 Year Benefit Multiplier

x 12 Months *(Maximum Benefits are calculated per year)*

\$216,000

Of course, as you receive benefits, your Maximum Benefit amount will decrease by the amount of benefits paid.

## Here's Why A Monthly Maximum Is Important

This insurance policy gives you a Monthly Maximum Benefit rather than a Daily Maximum Benefit, which can make a **big difference** in how you receive benefits.

**Compare two long-term care insurance policies:**

- One with a \$6,000 Monthly Maximum
- One with a \$200 Daily Maximum (or approximately \$6,000 total Maximum for the month)

**With a Monthly Maximum policy:**

If you needed a \$240 service (for example, a visit from a home health aide) three days per week for a month, the monthly total for that service would be \$2,880. That service could be completely paid for under the insurance policy with the Monthly Maximum.

Monthly Maximum	Total Monthly Charge	Policy Pays	You Pay
\$6,000/mo	\$2,880	\$2,880	\$0

**With a Daily Maximum policy:**

However, the insurance policy with the Daily Maximum would pay only \$200 (the Daily Maximum) of that \$240 charge for each day. That means if you had a plan with a Daily Maximum, you would be responsible for the balance of that charge (\$40) each day, a total of \$480 per month.

Daily Maximum	Total Monthly Charge	Policy Pays	You Pay
\$200/day	\$2,880	\$2,400	\$480

In this example, the Monthly Maximum policy would **save** you from paying \$480 for long-term care out of your own pocket, even though the amount of monthly coverage from both policies is roughly the same!

Activities of Daily Living (ADLs)

The exact definitions of the Activities of Daily Living vary from state to state, but generally include:

Bathing

Washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence

The ability to maintain control of bowel and bladder functions; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing

Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating

Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

Toileting

Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring

Moving into or out of a bed, chair or wheelchair.

Ask your agent for the specific definitions of ADLs in your state.

Elimination Period

An Elimination Period is the number of days you must receive services covered by this policy before benefits are paid. The days do not need to be consecutive. Plus, after you satisfy your Elimination Period, you'll never have to satisfy it again for as long as you have this coverage.

Choosing Your Elimination Period:

When deciding on an Elimination Period, you may want to ask yourself how long you could pay for long-term care expenses before another source of funds would be needed. Some people plan to have substantial assets saved and set aside money to cover the initial costs associated with long-term care expenses. These people may prefer to have a longer Elimination Period. Others may be living on a fixed budget with fewer savings, or may not want to use their savings to pay for these expenses when they occur.

Your Elimination Period options are:

- ☐ 0-day
- ☐ 30-day
- ☐ 60-day
- ☐ 90-day
- ☐ 180-day
- ☐ 365-day

Qualifying for Benefits

To qualify for benefits, a licensed health care practitioner must certify you as a chronically ill individual in the past 12 months and prescribe a plan of care.

To be certified as a chronically ill individual, you must either:

- require substantial supervision to protect such individual from threats to health and safety due to severe cognitive impairment (like Alzheimer’s disease) or
- be unable to perform at least two Activities of Daily Living (ADLs) without substantial assistance from another individual for a period of at least 90 days due to a loss of functional capacity.

Additional Riders

☐ Daily and Monthly Home & Community Care Benefit Riders

These riders provide Home and Community Care Benefits on either a daily or monthly basis. When you choose these riders, you provide other coverage options and more flexibility with your health care. You can receive coverage for:

- Home Health Care (including homemaker services)
- Respite Care
- Adult Day Care Program
- Hospice Care

Both riders also include two additional benefits:

- **Home First Benefit** – to help provide greater comfort and assistance in your home, the benefit pays expenses for a medical alert system, durable medical equipment or a home safety check. The Lifetime Maximum for this benefit is equal to one month of your Home and Community Care Benefit, including increases in that benefit amount as a result of an Inflation Protection Rider (please see page 9).
- **Alternate Plan of Care Benefit** – if there is a better way for you to receive care, other than the services we’ve already included, you may be able to receive benefits. A written Alternate Plan of Care must be a cost-effective plan in order to be covered under your insurance policy and provide benefits for your claims. The Plan must be approved by you, a licensed health care practitioner and Physicians Mutual.

☐ Calendar Day Elimination Period Rider

When you select this rider, we will begin to count the days for your Elimination Period on the first day you are eligible for benefits and count each calendar day until your Elimination Period is satisfied. That means you could get benefits sooner, which may result in lower out-of-pocket expenses.

☐ Restoration of Maximum Benefit

With our long-term care policy, you can restore your Maximum Benefit as if no benefits had been paid, including any increases received by an Inflation Protection Rider (please see page 9). Plus, there is no limit to the number of times your benefits can be restored.

For example, you become eligible for benefits and use \$60,000 of your \$216,000 Maximum Benefit, leaving you with \$156,000. If after six months you meet certain requirements, that \$60,000 will be ADDED back INTO your Maximum Benefit, so you will once again have \$216,000 in long-term care protection.

☐ Return of Premium Rider

When you select this rider, upon your death, your family will receive the total amount of premiums paid for your policy and all riders attached, less the total amount of benefits paid. If the total of benefits paid exceeds the total of premiums paid, this Return of Premium benefit will be zero.

☐ Shortened Benefit Period Nonforfeiture Rider

If your financial situation should change and you can't pay future premiums, you can still help protect yourself with this rider. If your insurance policy lapses after three years, it will be considered paid-up and your new Maximum Benefit will become the greater of 100% of the premiums you've paid for your insurance policy and its riders or your Facility Care Benefit in effect on the date of lapse, including any increases from an Inflation Protection Rider (please see page 9). No benefits will be paid in excess of the Maximum Benefit that would have been in effect if you had continued to pay premiums as required.



# Optional Benefit Riders

## Discount Riders

Because we value our policyowners, we offer special discounts with our insurance policies.

☐ **Spouse Premium Discount Rider**

When you and your spouse are issued a VISTA Care™ Choices insurance policy, you both receive a 30% discount on your total premium amount.

☐ **Married Premium Discount Rider**

If you are married and your spouse does not have a VISTA Care™ Choices plan with us, you still receive a 10% discount on your total premium amount when your policy is issued.

☐ **Family Member Premium Discount Rider**

If you have lived with a family member in your home for at least two years and both of you are issued a VISTA Care™ Choices insurance policy with us, you both receive a 10% discount on your total premium amount.

## Spousal Riders

When you and your spouse each purchase a policy, you can further enhance your coverage with these optional riders.

☐ **Shared Care Benefit Rider<sup>1</sup>**

When you select this option, you and your spouse have access to a shared third pool of money that is available if the Maximum Benefit under either of your policies has been exhausted. This additional money is equal to the Maximum Benefit amount that you and your spouse select. With this rider, you both can receive benefits at the same time, if needed, until the maximum amount of your Shared Care Rider is exhausted. Plus, you can still use the money, even if your spouse dies or you get divorced.

If you have purchased an Inflation Protection Rider, the remaining Shared Care Maximum will increase in the same manner as the Maximum Benefit (please see page 9).

☐ **Surviving Spouse Waiver of Premium<sup>2</sup>**

When you and your spouse both select this rider and one of you should unfortunately pass away, the surviving spouse's premium becomes paid-up following the latter of the date of death or on the tenth anniversary of their policy. There are no restrictions as whether or not either spouse has had any claims for benefits prior to that date.

☐ **Joint Waiver of Premium<sup>3</sup>**

When you and your spouse both select this rider, both of your premium payments will be waived if one of you meets the requirements for the Waiver of Premium Benefit in their policy.

## Limitations

1. Not available with the Lifetime Benefit option. The Shared Care Benefit provision provided by this rider will only apply if: 1) You and your spouse have the same policy effective date and rider effective date for coverage with us under the same policy form with this rider form attached to both policies; and 2) You and your spouse's coverage are continuously in effect from the rider effective date until the date that we begin providing benefits under the Shared Care provision of this rider.

2. The Surviving Spouse Waiver of Premium provision provided by this rider will only apply if: 1) You and your spouse have the same policy effective date and rider effective date for coverage with us under the same policy form with this rider form attached to both policies; 2) Your coverage is continuously in effect from the Rider Effective Date until the date that We begin to waive your premiums under the Waiver of Premium provision of this rider; and 3) Your spouse's coverage is continuously in effect from the rider effective date until the earlier of: a. the date of death of your spouse; or b. the date your spouse's policy terminates after we have paid out the maximum benefit amount.

3. The Joint Waiver of Premium provision provided by this rider will only apply if: 1) You and your spouse have the same policy effective date and rider effective date for coverage with us under the same policy form with this rider form attached to both policies; and 2) You and your spouse's coverage are continuously in effect from the rider effective date until the date that we begin to waive your premiums under the waiver of premium provision of this rider.

# Other Important Information About Your Plan:

## Bed Reservation Benefit

While confined in a nursing home (or similar facility), it may become necessary for you to leave, perhaps to go to a hospital for medical treatment or to visit your family during the holidays. No matter what the reason, this benefit ensures you will have a bed when you come back. While you are receiving Facility Care Benefits, and if the Elimination Period has been met, your bed can be reserved for up to 30 days per year. If your Elimination Period hasn't been met, each day that you are gone is counted toward your Elimination Period.

## Waiver of Premium

Your peace of mind is especially important when you have an extended illness. With this feature, you don't have to worry about losing your coverage because you cannot pay your premium. After you have received any benefits for a total of 90 days (the 90 days do not need to be consecutive), all future premiums are waived as long as you are eligible for benefits.





## Help With Your Long-Term Care Choices

### Resource Advisor

Often, when a long-term care need develops, it can come without warning. Many of us aren't prepared to know what to do, who to talk to, and how to arrange the necessary services. That is why VISTA Care™ Choices offers a Resource Advisor as part of this coverage. A Resource Advisor is available to assist you with questions about the following:

- benefit eligibility
- availability of resources in your area
- any other questions you may have about a claim for benefits

### Care Coordination Advisor

After you have spoken with your Resource Advisor, and in the event you need additional care coordination assistance, we will arrange for a Care Coordination Advisor to contact you, at our expense. The Care Coordination Advisor will:

- be a licensed health care practitioner
- assess and coordinate appropriate care and services
- prescribe a plan of care appropriate for your condition
- monitor your plan of care, including periodic assessments of your situation
- assist with the necessary claims documentation



## Additional Benefit Information

Once you're eligible for benefits, the following additional benefits are included in this policy and will not count toward your Maximum Benefit. The Elimination Period does not apply to these additional benefits.

### First-Time Cash Benefit

VISTA Care™ Choices features a First-Time Cash Benefit to help with unexpected costs that may arise. The first time you are eligible for benefits, we will pay a one-time lump sum of \$1,000. This benefit will only be paid once in your lifetime and can be used for any reason.

### Ambulance Service Benefit

We will pay up to \$75 per trip (with a Lifetime Maximum of \$300) for the expenses you incur for transportation to or from a nursing home, assisted living facility, a hospice facility or a hospital, by a local licensed ambulance service.

### Informal Caregiver Training Benefit

It's a comfort to be at home when you're not feeling well and need caregiver help. But when the formal caregiver is not there, you may want an informal caregiver to assist you. This could be a spouse, family member or friend who would help take care of you in your own home. We will pay for the expenses of educating an informal caregiver equal to 20% of your current monthly Facility Care Benefit.

See Outline of Coverage for full information about these benefits.

### Home Modification Benefit

We understand that you may need to modify your home to accommodate some chronic illnesses. We will pay expenses for modifications to your home that are primarily being made to improve your ability to perform the Activities of Daily Living and allow you to live safely in your home.

Modifications include, but are not limited to:

- building ramps or widening doorways to accommodate a wheelchair
- purchase or rental of a stair glide
- installation of grab bars and hand rails
- bath or shower modifications

The Lifetime Maximum for this benefit is equal to one month of your Facility Care Benefit, including increases in that benefit amount as a result of an Inflation Protection Rider (please see page 9).

### Limitations

We will not pay for expenses you incur: (1) while your policy is not in force; except as provided in the Extension of Benefits provision; (2) due to intentional, self-inflicted injury or attempted suicide; (3) that are payable by Medicare or any other federal or state program, except Medicaid; (4) outside the United States, its territories or possessions; (5) that are payable under any workers' compensation or employer's liability laws; (6) due to treatment for alcoholism or drug addiction; (7) for hospital or physician services, prescription drugs, x-rays and lab work; (8) due to injuries or sickness resulting from an act of declared or undeclared war; or (9) for services provided by a family member, unless: (a) the family member is a licensed health care practitioner; (b) the family member is a regular employee of the organization furnishing the service of care; (c) the organization receives the payment for the services; and (d) the family member receives no compensation other than the normal compensation for employees in his or her job category.



## You Need A Plan... We Can Help

For over 100 years, Americans have turned to Physicians Mutual Insurance Company for advice on how to help their families.

We have the financial strength, stability and quality service you need in order to create an insurance plan that will help protect you and your family.

In recognition of our financial strength, we consistently receive high ratings from America's leading independent insurance authorities.

At Physicians Mutual®, we conduct business with absolute honesty and integrity. Our values have not changed, and we remain true to our promise . . .

*We're here when you need us.®*



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Omaha, NE 68131-2671

402-633-1000  
www.PhysiciansMutual.com

## Additional Policy Features:

### No Waiting Period for Pre-existing Conditions

Some home health care insurance policies require you to wait up to six months before pre-existing conditions are covered, but not with this insurance policy. If all information is disclosed accurately on your application, you are eligible for coverage with no waiting period for prior health problems once your insurance policy is in force.

### Tax Qualification

Tax-qualified home health care insurance policies can provide certain tax benefits. Ask your financial advisor for more information about the potential tax benefits.

### Guaranteed Renewable

Your insurance policy will always be renewable for as long as you wish to continue making timely premium payments.

### Late Payment Protection

To help assure that your policy doesn't lapse by mistake, you may designate another person for us to notify if we do not receive your premium payment on time.

This insurance policy is a tax-qualified home health care insurance policy. This brochure is a brief description of coverage, not intended to provide full details of the policy. For further details of this insurance policy P147, including benefits, limitations, exclusions, costs, specific provisions for your state and how to keep your coverage in force, please read your Outline of Coverage and insurance policy carefully upon receipt. Eligible ages for this insurance policy are 18 through 79. Insurance policy options and benefits may vary and some may not be available in your state. If you have any questions about this insurance policy or the benefits, please ask your agent.

Physicians Mutual Insurance Company®

## VISTA Care™ Choices

*Tax-Qualified Home Health Care Insurance*







# Choices Today For Tomorrow's Needs

Most people assume they will live a long life. If so, this means they may be more likely to have an extended illness as they get older. You've worked hard to keep your family and finances safe. But when you get sick and need care, will you have the protection you require? **If you need assistance, who will take care of you?**

Caregiving is an act of love. Your family will want to take care of you, but they shouldn't have to do it by themselves. People don't just put their hearts into providing care, they put their health into it as well, which makes caregiving stressful and time consuming. **What will providing care do to your family and finances?**

If you get sick, you may have to take money from your retirement funds to pay for your care. If this happens, you may not have enough savings to do everything that you had planned to do during retirement. **Who will help you pay?**

For all of these concerns, home health care insurance from Physicians Mutual Insurance Company can help ensure that both your needs and your family's needs can be protected.

With home health care insurance, you can modify your home to allow you to live more safely, get special equipment for your new medical needs, or hire a personal nurse or caretaker. This policy can allow your family to care for you better and longer in the comfort of your own home. A plan can be customized to fit your individual needs.

To help your family take care of you, we offer...

## Covered Services In A Variety of Settings

VISTA Care™ Choices Tax-Qualified Home Health Care Insurance automatically includes benefits for a wide range of services and settings:

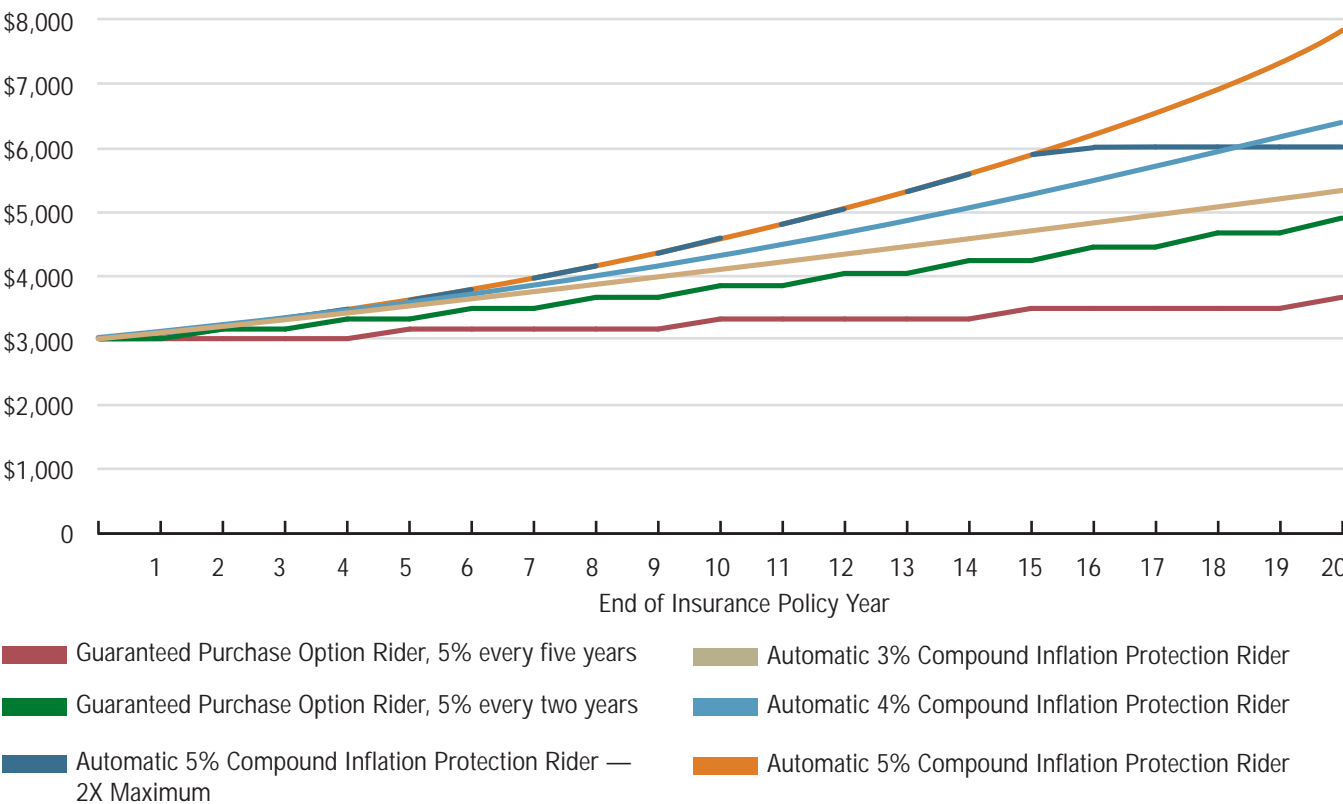
### Home & Community Care Benefits

- Home Health Care (including homemaker services)
- Respite Care
- Adult Day Care Program
- Hospice Care



## How Inflation Protection Riders Help Your Benefits Grow

The graph below shows how a \$3,000 Home and Community Care Benefit would grow over time with the purchase of different Inflation Protection Riders. The Guaranteed Purchase Option Rider is illustrated as exercised every two and every five years. The Automatic Compound Inflation Protection Benefit Riders automatically increase the Monthly Maximum by 3%, 4% or 5% each year the insurance policy remains in force depending on which option is selected. Over a 20-year period with the Automatic 5% Compound Inflation Protection Rider, each \$100 of Monthly Maximum would grow to approximately \$265 of Monthly Maximum, regardless of age or changes in health.







# Inflation Protection Riders

With medical costs rising, home health care is becoming more and more expensive. If your insurance benefits don't increase in order to keep up with the growing costs, you may not have the coverage you need. You can help offset these rising costs by adding one of our Inflation Protection Riders to your policy.

☐ **Automatic Compound Inflation Protection Benefit Riders**

On each insurance policy anniversary, Home and Community Care Benefit, and remaining Maximum Benefit will automatically increase by the percentage you select.

- ☐ 3%
- ☐ 4%
- ☐ 5%

☐ **Automatic 5% Compound Inflation Protection Benefit Rider — 2X Maximum**

On each insurance policy anniversary, your Home and Community Care Benefit and remaining Maximum Benefit will automatically increase by 5% of the current benefit. The benefit amounts will keep increasing until the Home and Community Care Benefit is double the amount of the original benefits on the effective date of this rider.

☐ **Guaranteed Purchase Option Rider**

On each insurance policy anniversary, if your Waiver of Premium Benefit is not in effect, you have the option to increase your Home and Community Care Benefit and remaining Maximum Benefit by 5% of the current benefit. Each time you exercise this option, the premium increases accordingly for the increased benefit amount, based upon your attained age.

## Monthly Maximum

This VISTA Care™ Choices insurance policy provides a **Monthly** Maximum Benefit. You select the amount of coverage that fits your needs.

**Home and Community Care Benefit amount:**

This is the maximum amount that you can receive for covered home and community care each month. You choose a Monthly Maximum from \$900 to \$6,000, in \$100 amounts.

## Benefit Multiplier

The Benefit Multiplier you select will determine your Maximum Benefit. Your agent can help you select the amount you need based on your own personal situation.

VISTA Care™ Choices offers the following Benefit Multipliers:

- ☐ 1 Year
- ☐ 2 Years
- ☐ 3 Years
- ☐ 4 Years
- ☐ 5 Years

## Maximum Benefit

Your Maximum Benefit is the total amount of benefits available to you. Here's how your monthly benefits are calculated...

Your Maximum Benefit will equal the Monthly Maximum you select, times the Benefit Multiplier you select, times 12 (Months). For example, if you selected a \$6,000 Monthly Maximum and a 3 Year Benefit Multiplier:

\$6,000 Monthly Maximum

x 3 Year Benefit Multiplier

x 12 Months (*Maximum Benefits are calculated per year*)

\$216,000

Of course, as you receive benefits, your Maximum Benefit amount will decrease by the amount of benefits paid.

## Here's Why A Monthly Maximum Is Important

This insurance policy gives you a Monthly Maximum Benefit rather than a Daily Maximum Benefit, which can make a **big difference** in how you receive benefits.

**Compare two home health care policies:**

- One with a \$6,000 Monthly Maximum
- One with a \$200 Daily Maximum (or approximately \$6,000 total Maximum for the month)

**With a Monthly Maximum policy:**

If you needed a \$240 service (for example, a visit from a home health aide) three days per week for a month, the monthly total for that service would be \$2,880. That service could be completely paid for under the insurance policy with the Monthly Maximum.

Monthly Maximum	Total Monthly Charge	Policy Pays	You Pay
\$6,000/mo	\$2,880	\$2,880	\$0

**With a Daily Maximum policy:**

However, the insurance policy with the Daily Maximum would pay only \$200 (the Daily Maximum) of that \$240 charge for each day. That means if you had a plan with a Daily Maximum, you would be responsible for the balance of that charge (\$40) each day, a total of \$480 per month.

Daily Maximum	Total Monthly Charge	Policy Pays	You Pay
\$200/day	\$2,880	\$2,400	\$480

In this example, the Monthly Maximum policy would **save** you from paying \$480 for home health care out of your own pocket, even though the amount of monthly coverage from both policies is roughly the same!



Activities of Daily Living (ADLs)

The exact definitions of the Activities of Daily Living vary from state to state, but generally include:

Bathing

Washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence

The ability to maintain control of bowel and bladder functions; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing

Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating

Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

Toileting

Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring

Moving into or out of a bed, chair or wheelchair.

ADLs can vary by state. Ask your agent for the specific definitions of ADLs in your state.

Elimination Period

An Elimination Period is the number of days you must wait before benefits are paid. Some plans require you to incur and pay expenses before your Elimination Period begins. With our plan, your Elimination Period begins the day a licensed health care practitioner certifies you as chronically ill and prescribes a plan of care. Plus, it counts every calendar day you are chronically ill, not just the days you receive care. So, with our plan, you could get benefits sooner, which may result in lower out-of-pocket expenses. Plus, after you satisfy your Elimination Period, you'll never have to satisfy it again for as long as you have this coverage.

Choosing Your Elimination Period:

When deciding on an Elimination Period, you may want to ask yourself how long you could pay for home health care expenses before another source of funds would be needed. Some people plan to have substantial assets saved and set aside money to cover the initial costs associated with home health care expenses. These people may prefer to have a longer Elimination Period. Others may be living on a fixed budget with fewer savings, or may not want to use their savings to pay for these expenses when they occur.

Your Elimination Period options are:

- ☐ 0-day
- ☐ 15-day
- ☐ 30-day
- ☐ 60-day
- ☐ 90-day
- ☐ 180-day
- ☐ 365-day

Qualifying for Benefits

To qualify for benefits, a licensed health care practitioner must certify you as a chronically ill individual in the past 12 months and prescribe a plan of care.

To be certified as a chronically ill individual, you must either:

- require substantial supervision to protect such individual from threats to health and safety due to severe cognitive impairment (like Alzheimer's disease) or
- be unable to perform at least two Activities of Daily Living (ADLs) without substantial assistance from another individual for a period of at least 90 days due to a loss of functional capacity.

Spousal Riders

When you and your spouse each purchase a policy, you can further enhance your coverage with these optional riders.

☐ Surviving Spouse Waiver of Premium<sup>1</sup>

When you and your spouse both select this rider and one of you should unfortunately pass away, the surviving spouse's premium becomes paid-up following the latter of the date of death or on the tenth anniversary of their policy. There are no restrictions as whether or not either spouse has had any claims for benefits prior to that date.

☐ Joint Waiver of Premium<sup>2</sup>

When you and your spouse both select this rider, both of your premium payments will be waived if one of you meets the requirements for the Waiver of Premium Benefit in their policy.

Additional Rider

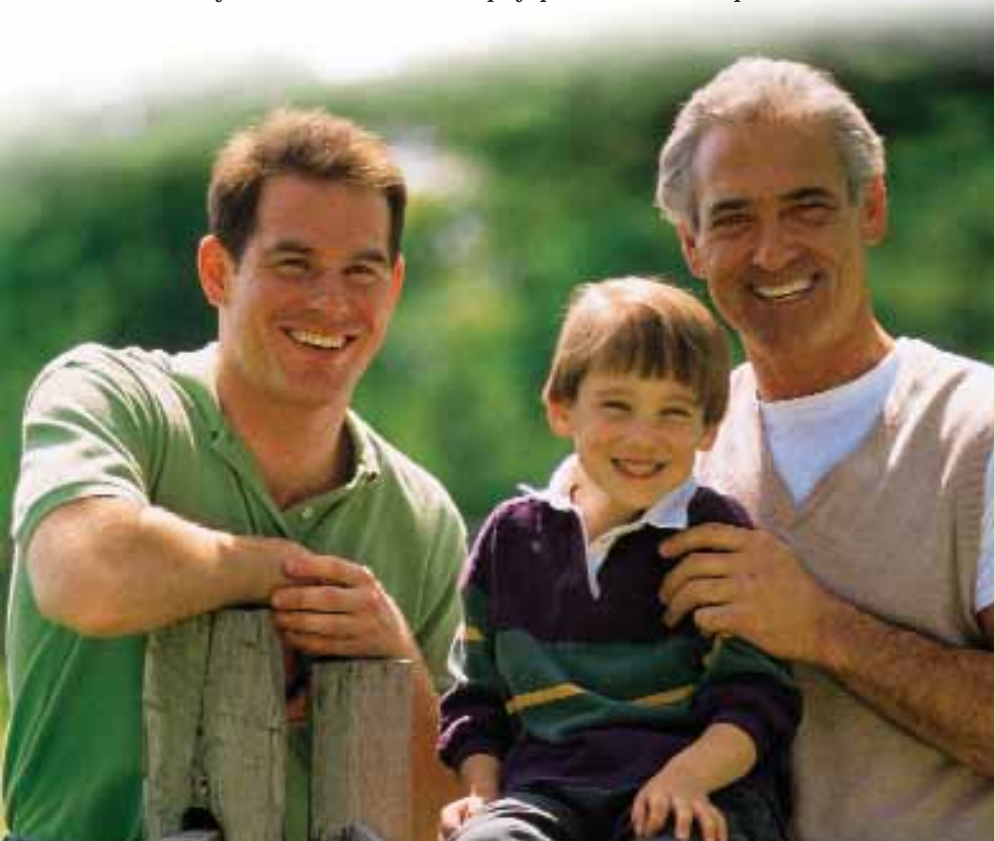
☐ Shortened Benefit Period Nonforfeiture Rider

If your financial situation should change and you can't pay future premiums, you can still help protect yourself with this rider. If your insurance policy lapses after three years, it will be considered paid-up and your new Maximum Benefit will become the greater of 100% of the premiums you've paid for your insurance policy and its riders or your Home and Community Care Benefit in effect on the date of lapse, including any increases from an Inflation Protection Rider (please see page 9). No benefits will be paid in excess of the Maximum Benefit that would have been in effect if you had continued to pay premiums as required.

Limitations

(1) The Surviving Spouse Waiver of Premium provision provided by this rider will only apply if: 1. You and your spouse have the same policy effective date and rider effective date for coverage with us under the same policy form with this rider form attached to both policies; 2. Your coverage is continuously in effect from the rider effective date until the date that we begin to waive your premiums under the waiver of premium provision of this rider; and 3. Your spouse's coverage is continuously in effect from the rider effective date until the earlier of: (a) the date of death of your spouse; or (b) the date your spouse's policy terminates after we have paid out the maximum benefit amount.

(2) The Joint Waiver of Premium provision provided by this rider will only apply if: 1. You and your spouse have the same policy effective date and rider effective date for coverage with us under the same policy form with this rider form attached to both policies; and 2. You and your spouse's coverage are continuously in effect from the rider effective date until the date that we begin to waive your premiums under the waiver of premium provision of this rider.







# Optional Benefit Riders

## Discount Riders

Because we value our policyowners, we offer special discounts with our insurance policies.

### ☐ Spouse Premium Discount Rider

When you and your spouse are issued a VISTA Care™ Choices insurance policy, you both receive a 30% discount on your total premium amount.

### ☐ Married Premium Discount Rider

If you are married and your spouse does not have a VISTA Care™ Choices plan with us, you still receive a 10% discount on your total premium amount when your policy is issued.

### ☐ Family Member Premium Discount Rider

If you have lived with a family member in your home for at least two years and both of you are issued a VISTA Care™ Choices insurance policy with us, you both receive a 10% discount on your total premium amount.

# Other Important Information About Your Plan:

## Restoration of Maximum Benefit

With our home health care policy, you can restore your Maximum Benefit as if no benefits had been paid, including any increases received by an Inflation Protection Rider (please see page 9). Plus, there is no limit to the number of times your benefits can be restored.

Example:

- Maximum Benefit - \$216,000

You become eligible for benefits and use \$60,000 of your coverage, leaving you with \$156,000. If after six months you meet certain requirements, that \$60,000 will be ADDED back INTO your Maximum Benefit, so you will once again have \$216,000 in long-term care protection.

## Waiver of Premium

Your peace of mind is especially important when you have an extended illness. With this feature, you don't have to worry about losing your coverage because you cannot pay your premium. After you have qualified for benefits for a period of at least six months, all future premiums are waived as long as you are eligible for benefits. You don't have to incur expenses for your premium to be waived.





## Help With Your Home Health Care Choices

### Resource Advisor

Often, when a home health care need develops, it can come without warning. Many of us aren't prepared to know what to do, who to talk to, and how to arrange the necessary services. That is why VISTA Care™ Choices offers a Resource Advisor as part of this coverage. A Resource Advisor is available to assist you with questions about the following:

- benefit eligibility
- availability of resources in your area
- any other questions you may have about a claim for benefits

### Care Coordination Advisor

After you have spoken with your Resource Advisor, and in the event you need additional care coordination assistance, we will arrange for a Care Coordination Advisor to contact you, at our expense. The Care Coordination Advisor will:

- be a licensed health care practitioner
- assess and coordinate appropriate care and services
- prescribe a plan of care appropriate for your condition
- monitor your plan of care, including periodic assessments of your situation
- assist with the necessary claims documentation



## Additional Benefit Information

Once you're eligible for benefits, the following additional benefits are included in this policy and will not count toward your Maximum Benefit. The Elimination Period does not apply to these additional benefits.

### First-Time Cash Benefit

VISTA Care™ Choices features a First-Time Cash Benefit to help with unexpected costs that may arise. The first time you are eligible for benefits, we will pay a one-time lump sum of \$1,000. This benefit will only be paid once in your lifetime and can be used for any reason.

### Home First Benefit

To help provide greater comfort and assistance in your home, we've included a Home First Benefit. We will pay the expenses for the following:

- Medical Alert System
- Durable Medical Equipment (*purchase, rental or lease*)
- Home Safety Check

The Lifetime Maximum for this benefit is equal to two months of your Home and Community Care Benefit, including increases in that benefit amount as a result of an Inflation Protection Rider (please see page 9).

### Ambulance Service Benefit

We will pay up to \$75 per trip (with a Lifetime Maximum of \$300) for the expenses you incur for transportation to or from a nursing home, assisted living facility, a hospice facility or a hospital, by a local licensed ambulance service.

### Limitations

We will not pay for expenses you incur: (1) while your policy is not in force; except as provided in the Extension of Benefits provision; (2) due to intentional, self-inflicted injury or attempted suicide; (3) that are payable by Medicare or any other federal or state program, except Medicaid; (4) outside the United States, its territories or possessions; (5) that are payable under any workers' compensation or employer's liability laws; (6) due to treatment for alcoholism or drug addiction; (7) for hospital or physician services, prescription drugs, x-rays and lab work; (8) due to injuries or sickness resulting from an act of declared or undeclared war; or (9) for services provided by a family member, unless: (a) the family member is a licensed health care practitioner; (b) the family member is a regular employee of the organization furnishing the service of care; (c) the organization receives the payment for the services; and (d) the family member receives no compensation other than the normal compensation for employees in his or her job category.

### Home Modification Benefit

We understand that you may need to modify your home to accommodate some chronic illnesses. We will pay expenses for modifications to your home that are primarily being made to improve your ability to perform the Activities of Daily Living and allow you to live safely in your home.

Modifications include, but are not limited to:

- building ramps or widening doorways to accommodate a wheelchair
- purchase or rental of a stair glide
- installation of grab bars and hand rails
- bath or shower modifications

The Lifetime Maximum for this benefit is equal to two months of your Home and Community Care Benefit, including increases in that benefit amount as a result of an Inflation Protection Rider (please see page 9).

### Informal Caregiver Training Benefit

It's a comfort to be at home when you're not feeling well and need caregiver help. But when the formal caregiver is not there, you may want an informal caregiver to assist you. This could be a spouse, family member or friend who would help take care of you in your own home. We will pay for the expenses of educating an informal caregiver equal to 20% of your current monthly Home and Community Care Benefit.

See Outline of Coverage for full information about these benefits.



# You Need A Plan... We Can Help

For over 100 years, Americans have turned to Physicians Mutual Insurance Company for advice on how to help their families.

With over 30 years of experience in long-term care insurance, we have the financial strength, stability and quality service you need in order to create an insurance plan that will help protect you and your family.

In recognition of our financial strength, we consistently receive high ratings from America's leading independent insurance authorities.

At Physicians Mutual®, we conduct business with absolute honesty and integrity. Our values have not changed, and we remain true to our promise . . .

*We're here when you need us.®*



2600 Dodge Street  
Omaha, NE 68131-2671

402-633-1000  
[www.PhysiciansMutual.com](http://www.PhysiciansMutual.com)

## Additional Policy Features:

### No Waiting Period for Pre-existing Conditions

Some long-term care insurance policies require you to wait up to six months before pre-existing conditions are covered, but not with this insurance policy. If all information is disclosed accurately on your application, you are eligible for coverage with no waiting period for prior health problems once your insurance policy is in force.

### Tax Qualification

Tax-qualified long-term care insurance policies can provide certain tax benefits. Ask your financial advisor for more information about the potential tax benefits.

### Guaranteed Renewable

Your insurance policy will always be renewable for as long as you wish to continue making timely premium payments.

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To help assure that your policy doesn't lapse by mistake, you may designate another person for us to notify if we do not receive your premium payment on time.

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## VISTA Care™ Choices

*Tax-Qualified Long-Term Care Insurance*



PMA2898AR



# Choices Today For Tomorrow's Needs

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Caregiving is an act of love. Your family will want to take care of you, but they shouldn't have to do it by themselves. People don't just

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If you get sick, you may have to take money from your retirement funds to pay for your care. If this happens, you may not have enough savings to do everything that you had planned to do during retirement. **Who will help you pay?**

For all of these concerns, long-term care insurance from Physicians Mutual Insurance Company can help ensure that both your needs and your family's needs can be protected.

With long-term care insurance, you can modify your home to allow you to live more safely, get special equipment for your new medical needs, or hire a personal nurse or caretaker. This policy can allow your family to care for you better and longer in the comfort of your own home. Plus, you can receive benefits for facility care, in case you need further help. A plan can be customized to fit your individual needs.

To help your family take care of you, we offer...

## Covered Services In A Variety of Settings

VISTA Care™ Choices Tax-Qualified Long-Term Care Insurance automatically includes benefits for a wide range of long-term care services and settings:

### Facility Care Benefits

- Nursing Home Care (Skilled, Intermediate and Custodial)
- Assisted Living Facility
- Hospice Facility

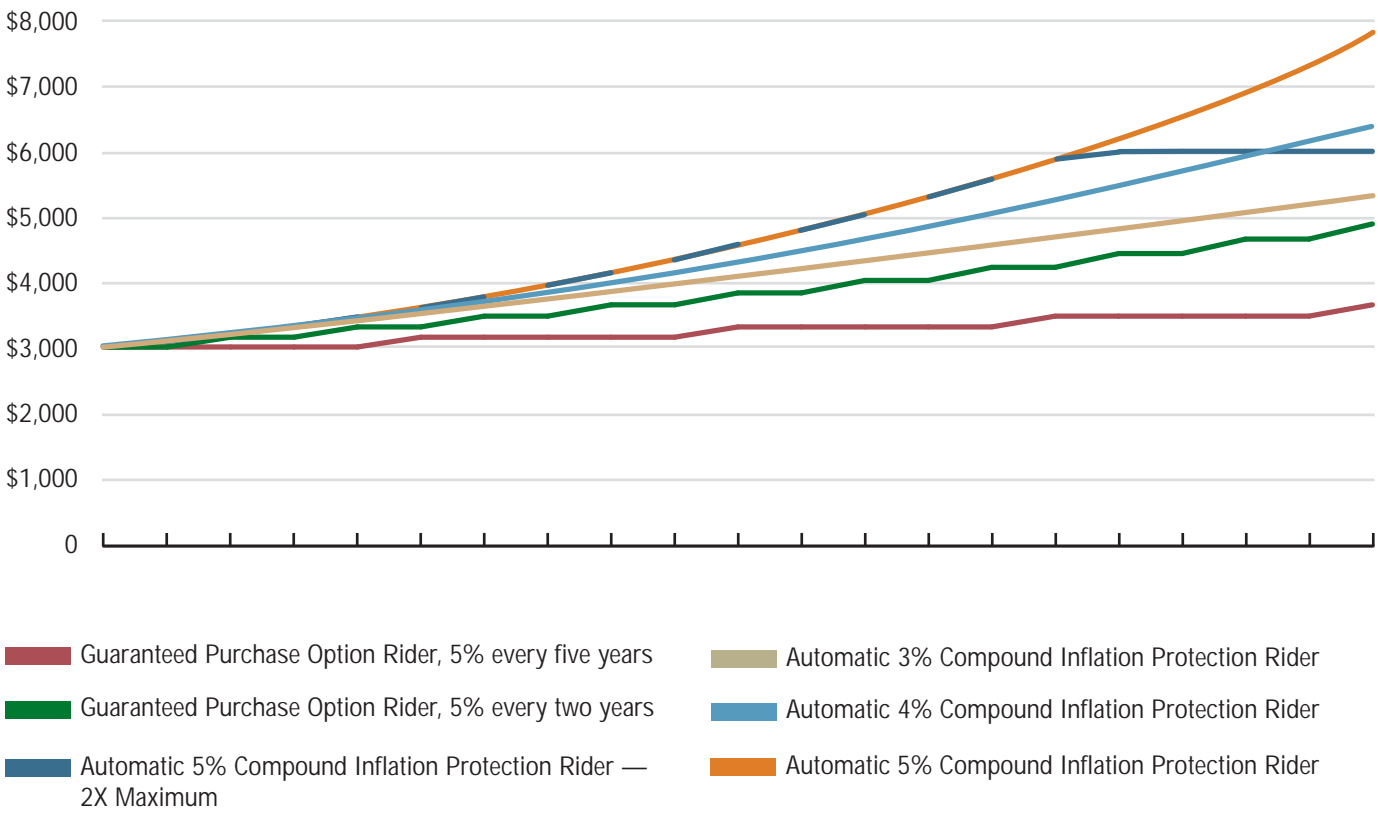
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- Home Health Care (including homemaker services)
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- Adult Day Care Program
- Hospice Care



## How Inflation Protection Riders Help Your Benefits Grow

The graph below shows how a \$3,000 Facility Care Benefit would grow over time with the purchase of different Inflation Protection Riders. The Guaranteed Purchase Option Rider is illustrated as exercised every two and every five years. The Automatic Compound Inflation Protection Benefit Rider automatically increases the Monthly Maximum by 3%, 4% or 5% each year the insurance policy remains in force depending on which option is selected. Over a 20-year period with the Automatic 5% Compound Inflation Protection Rider, each \$100 of Monthly Maximum would grow to approximately \$265 of Monthly Maximum, regardless of age or changes in health.







# Inflation Protection Riders

With medical costs rising, long-term care is becoming more and more expensive. If your insurance benefits don't increase in order to keep up with the growing costs, you may not have the coverage you need. You can help offset these rising costs by adding one of our Inflation Protection Riders to your policy.

☐ **Automatic Compound Inflation Protection Benefit Riders**

On each insurance policy anniversary, your current Facility Care Benefit, Home and Community Care Benefit, and remaining Maximum Benefit will automatically increase by the percentage you select.

- ☐ 3%
- ☐ 4%
- ☐ 5%

☐ **Automatic 5% Compound Inflation Protection Benefit Rider — 2X Maximum**

On each insurance policy anniversary, your Facility Care Benefit, Home and Community Care Benefit, and remaining Maximum Benefit will automatically increase by 5% of the current benefit. The benefit amounts will keep increasing until the Facility Care Benefit and Home and Community Care Benefit are double the amount of the original benefits on the effective date of this rider, there after no increase will occur.

☐ **Guaranteed Purchase Option Rider**

On each insurance policy anniversary, if your Waiver of Premium Benefit is not in effect, you have the option to increase your Facility Care Benefit, Home and Community Care Benefit, and remaining Maximum Benefit by 5% of the current benefit. Each time you exercise this option, the premium increases accordingly for the increased benefit amount, based upon your attained age.

## Monthly Maximum

This VISTA Care™ Choices insurance policy provides a **Monthly** Maximum Benefit. You select the amount of coverage that fits your needs. There are two components of your Monthly Maximum:

- **Facility Care Benefit amount:**  
This is the maximum amount that you can receive for covered facility care services each month. You choose a Monthly Maximum from \$1,500 to \$12,000, in \$100 amounts.
- **Home and Community Care Benefit amount:**  
These benefits are paid as a percentage of your Facility Care Benefit amount. You choose the percentage you want to receive — 100%, 75% or 50% of your Facility Care Benefit amount.

## Benefit Multiplier

The Benefit Multiplier you select will determine your Maximum Benefit. Your agent can help you select the amount you need based on your own personal situation.

VISTA Care™ Choices offers the following Benefit Multipliers:

- ☐ 2 Years
- ☐ 3 Years
- ☐ 4 Years
- ☐ 5 Years
- ☐ 8 Years
- ☐ Lifetime

## Maximum Benefit

Your Maximum Benefit is the total amount of benefits available to you. Here's how your monthly benefits are calculated...

Your Maximum Benefit will equal the Monthly Maximum you select, times the Benefit Multiplier you select, times 12 (Months). For example, if you selected a \$6,000 Monthly Maximum and a 3 Year Benefit Multiplier:

\$6,000 Monthly Maximum

x3 Year Benefit Multiplier

x12 Months *(Maximum Benefits are calculated per year)*

\$216,000

Of course, as you receive benefits, your Maximum Benefit amount will decrease by the amount of benefits paid.

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If you needed a \$240 service (for example, a visit from a home health aide) three days per week for a month, the monthly total for that service would be \$2,880. That service could be completely paid for under the insurance policy with the Monthly Maximum.

Monthly Maximum	Total Monthly Charge	Policy Pays	You Pay
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Daily Maximum	Total Monthly Charge	Policy Pays	You Pay
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Washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower.

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Dressing

Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

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Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

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Choosing Your Elimination Period:

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To qualify for benefits, a licensed health care practitioner must certify you as a chronically ill individual in the past 12 months and prescribe a plan of care.

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- be unable to perform at least two Activities of Daily Living (ADLs) without substantial assistance from another individual for a period of at least 90 days due to a loss of functional capacity.

Additional Riders

☐ Home Cash Benefit Rider<sup>1</sup>

The Home Cash Benefit amount is additional money that helps you stay in the comfort of your own home. The benefit amount is equal to 20% of your Home and Community Care Benefit amount and will be paid to you each month when you receive at least one day of Home and Community Care that month. If you have purchased an Inflation Protection Rider, your Home Cash Benefit amount will also increase (please see page 9).

☐ Waiver of the Elimination Period for Home and Community Care Rider<sup>2</sup>

When you select this rider and qualify for benefits, your Home and Community Care Benefits start immediately, helping to protect your family and finances from the extra cost of your care. In addition, each day you are eligible to receive Home and Community Care Benefits means another day of your Elimination Period has been satisfied, in case you need facility care in the future.

☐ Return of Premium Rider

When you select this rider, upon your death, your family will receive the total amount of premiums paid for your policy and all riders attached, less the total amount of benefits paid. If the total of benefits paid exceeds the total of premiums paid, this Return of Premium benefit will be zero.

☐ Shortened Benefit Period Nonforfeiture Rider

If your financial situation should change and you can't pay future premiums, you can still help protect yourself with this rider. If your insurance policy lapses after three years, it will be considered paid-up and your new Maximum Benefit will become the greater of 100% of the premiums you've paid for your insurance policy and its riders or your Facility Care Benefit in effect on the date of lapse, including any increases from an Inflation Protection Rider (please see page 9). No benefits will be paid in excess of the Maximum Benefit that would have been in effect if you had continued to pay premiums as required.

Limitations

(1) The Home Cash Benefit provision provided by this rider will not apply if: (a) you have been confined in a nursing home, an assisted living facility or a hospice facility for any part of the calendar month; or (b) you are receiving care or services outside the United States of America, its territories and possessions.

(2) The Waiver of Elimination Period for Home and Community Care provision provided by this rider will not apply if: (a) you are confined in a nursing home, an assisted living facility or a hospice facility; or (b) you are receiving care or services outside the United States of America, its territories and possessions.





# Optional Benefit Riders

## Discount Riders

Because we value our policyowners, we offer special discounts with our insurance policies.

☐ **Spouse Premium Discount Rider**

When you and your spouse are issued a VISTA Care™ Choices insurance policy, you both receive a 30% discount on your total premium amount.

☐ **Married Premium Discount Rider**

If you are married and your spouse does not have a VISTA Care™ Choices plan with us, you still receive a 10% discount on your total premium amount when your policy is issued.

☐ **Family Member Premium Discount Rider**

If you have lived with a family member in your home for at least two years and both of you are issued a VISTA Care™ Choices insurance policy with us, you both receive a 10% discount on your total premium amount.

## Spousal Riders

When you and your spouse each purchase a policy, you can further enhance your coverage with these optional riders.

☐ **Shared Care Benefit Rider<sup>1</sup>**

When you select this option, you and your spouse have access to a shared third pool of money that is available if the Maximum Benefit under either of your policies has been exhausted. This additional money is equal to the Maximum Benefit amount that you and your spouse select. With this rider, you both can receive benefits at the same time, if needed, until the maximum amount of your Shared Care Rider is exhausted. Plus, you can still use the money, even if your spouse dies or you get divorced.

If you have purchased an Inflation Protection Rider, the remaining Shared Care Maximum will increase in the same manner as the Maximum Benefit (please see page 9).

☐ **Surviving Spouse Waiver of Premium<sup>2</sup>**

When you and your spouse both select this rider and one of you should unfortunately pass away, the surviving spouse's premium becomes paid-up following the latter of the date of death or on the tenth anniversary of their policy. There are no restrictions as whether or not either spouse has had any claims for benefits prior to that date.

☐ **Joint Waiver of Premium<sup>3</sup>**

When you and your spouse both select this rider, both of your premium payments will be waived if one of you meets the requirements for the Waiver of Premium Benefit in their policy.

## Limitations

(1) Not available with the Lifetime Benefit option. The Shared Care Benefit provision provided by this rider will apply only if: (a) you and your spouse have the same policy effective date and rider effective date for coverage with us under the same policy form with this rider form attached to both policies; and (b) you and your spouse's coverage are continuously in effect from the rider effective date until the date that we begin providing benefits under the Shared Care provision of this rider.

(2) The Surviving Spouse Waiver of Premium provision provided by this rider will only apply if: (a) you and your spouse have the same policy effective date and rider effective date for coverage with us under the same policy form with this rider form attached to both policies; (b) your coverage is continuously in effect from the rider effective date until the date that we begin to waive your premiums under the waiver of premium provision of this rider; and (c) your spouse's coverage is continuously in effect from the rider effective date until the earlier of: (i) the date of death of your spouse; or (ii) the date your spouse's policy terminates after we have paid out the maximum benefit amount.

(3) The Joint Waiver of Premium provision provided by this rider will only apply if: (a) you and your spouse have the same policy effective date and rider effective date for coverage with us under the same policy form with this rider form attached to both policies; and (b) you and your spouse's coverage are continuously in effect from the rider effective date until the date that we begin to waive your premiums under the waiver of premium provision of this rider.

# Other Important Information About Your Plan:

## Another Way to Receive Benefits

An Alternate Plan of Care can help provide another option and more flexibility with your health care. If there is a better way for you to receive care, other than the services we've already included, you may be able to receive benefits. A written Alternate Plan of Care must be a cost-effective plan in order to be covered under your insurance policy and provide benefits for your claims. The Plan must be approved by you, a licensed health care practitioner and Physicians Mutual.

## Restoration of Maximum Benefit

With our long-term care policy, you can restore your Maximum Benefit as if no benefits had been paid, including any increases received by an Inflation Protection Rider (please see page 9). Plus, there is no limit to the number of times your benefits can be restored.

Example:

- Maximum Benefit - \$216,000

You become eligible for benefits and use \$60,000 of your coverage, leaving you with \$156,000. If after six months you meet certain requirements, that \$60,000 will be ADDED back INTO your Maximum Benefit, so you will once again have \$216,000 in long-term care protection.

## Bed Reservation Benefit

While confined in a nursing home (or similar facility), it may become necessary for you to leave, perhaps to go to a hospital for medical treatment or to visit your family during the holidays. No matter what the reason, this benefit ensures you will have a bed when you come back. While you are receiving Facility Care Benefits, and if the Elimination Period has been met, your bed can be reserved for up to 60 days per year. If your Elimination Period hasn't been met, each day that you are gone is counted toward your Elimination Period.

## Waiver of Premium

Your peace of mind is especially important when you have an extended illness. With this feature, you don't have to worry about losing your coverage because you cannot pay your premium. After you have qualified for benefits for a period of at least six months, all future premiums are waived as long as you are eligible for benefits. You don't have to incur expenses for your premium to be waived.





## Help With Your Long-Term Care Choices

### Resource Advisor

Often, when a long-term care need develops, it can come without warning. Many of us aren't prepared to know what to do, who to talk to, and how to arrange the necessary services. That is why VISTA Care™ Choices offers a Resource Advisor as part of this coverage. A Resource Advisor is available to assist you with questions about the following:

- benefit eligibility
- availability of resources in your area
- any other questions you may have about a claim for benefits

### Care Coordination Advisor

After you have spoken with your Resource Advisor, and in the event you need additional care coordination assistance, we will arrange for a Care Coordination Advisor to contact you, at our expense. The Care Coordination Advisor will:

- be a licensed health care practitioner
- assess and coordinate appropriate care and services
- prescribe a plan of care appropriate for your condition
- monitor your plan of care, including periodic assessments of your situation
- assist with the necessary claims documentation



## Additional Benefit Information

Once you're eligible for benefits, the following additional benefits are included in this policy and will not count toward your Maximum Benefit. The Elimination Period does not apply to these additional benefits.

### First-Time Cash Benefit

VISTA Care™ Choices features a First-Time Cash Benefit to help with unexpected costs that may arise. The first time you are eligible for benefits, we will pay a one-time lump sum of \$1,000. This benefit will only be paid once in your lifetime and can be used for any reason.

### Home First Benefit

To help provide greater comfort and assistance in your home, we've included a Home First Benefit. We will pay the expenses for the following:

- Medical Alert System
- Durable Medical Equipment (*purchase, rental or lease*)
- Home Safety Check

The Lifetime Maximum for this benefit is equal to two months of your Facility Care Benefit, including increases in that benefit amount as a result of an Inflation Protection Rider (please see page 9).

### Ambulance Service Benefit

We will pay up to \$75 per trip (with a Lifetime Maximum of \$300) for the expenses you incur for transportation to or from a nursing home, assisted living facility, a hospice facility or a hospital, by a local licensed ambulance service.

### Home Modification Benefit

We understand that you may need to modify your home to accommodate some chronic illnesses. We will pay expenses for modifications to your home that are primarily being made to improve your

### Limitations

We will not pay for expenses you incur: (1) while your policy is not in force; except as provided in the Extension of Benefits provision; (2) due to intentional, self-inflicted injury or attempted suicide; (3) that are payable by Medicare or any other federal or state program, except Medicaid; (4) outside the United States, its territories or possessions; except as described in the International Coverage Benefit; (5) that are payable under any workers' compensation or employer's liability laws; (6) due to treatment for alcoholism or drug addiction; (7) for hospital or physician services, prescription drugs, x-rays and lab work; (8) due to injuries or sickness resulting from an act of declared or undeclared war; or (9) for services provided by a family member, unless: (a) the family member is a licensed health care practitioner; (b) the family member is a regular employee of the organization furnishing the service of care; (c) the organization receives the payment for the services; and (d) the family member receives no compensation other than the normal compensation for employees in his or her job category.

ability to perform the Activities of Daily Living and allow you to live safely in your home.

Modifications include, but are not limited to:

- building ramps or widening doorways to accommodate a wheelchair
- purchase or rental of a stair glide
- installation of grab bars and hand rails
- bath or shower modifications

The Lifetime Maximum for this benefit is equal to two months of your Facility Care Benefit, including increases in that benefit amount as a result of an Inflation Protection Rider (please see page 9).

### Informal Caregiver Training Benefit

It's a comfort to be at home when you're not feeling well and need caregiver help. But when the formal caregiver is not there, you may want an informal caregiver to assist you. This could be a spouse, family member or friend who would help take care of you in your own home. We will pay for the expenses of educating an informal caregiver equal to 20% of your current monthly Facility Care Benefit.

### International Coverage Benefit

Your eligible benefits can be accessed anywhere in the world. VISTA Care™ Choices provides coverage to you outside of the United States.

The Lifetime Maximum for this benefit is equal to one month of your Facility Care Benefit, including increases in that benefit amount as a result of an Inflation Protection Rider (please see page 9).

See Outline of Coverage for full information about these benefits.

## Coverage Highlights

# VISTA Care™ Choices

*Tax-Qualified and Non-Tax-Qualified Long-Term Care Insurance*

### General

**Issue Ages:** 18-79

### Coverage Can Be Provided for the Following Services & Settings

#### Facility Care Benefits:

- Nursing Home (*skilled, intermediate and custodial*)
- Assisted Living Facility
- Hospice Facility

#### Home and Community Care Benefits:

- Home Health Care (*including homemaker services*)
- Hospice Care
- Adult Day Care Program
- Respite Care (*up to one month per year*)

### Other Benefits

- First-Time Cash Benefit
- Home First Benefit
- Home Modification Benefit
- Informal Caregiver Training Benefit
- Alternate Plan of Care Benefit
- Resource Advisor
- Waiver of Premium Benefit
- Bed Reservation Benefit
- Restoration of Benefits
- Ambulance Service Benefit
- International Coverage Benefit
- Care Coordination Advisor

### Maximum Benefit

#### Facility Care Benefit Amount:

Available from \$1,500 up to \$12,000 in monthly increments of \$100

#### Home and Community Care Benefit Amount:

Choice of: 50%, 75% or 100% of the Facility Care Benefit Amount

This insurance policy has limitations. Your insurance agent can provide you with complete details and costs. Please refer to your Outline of Coverage for complete information.

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## Coverage Highlights Continued

### Elimination Period

**Choice of:** 0, 30, 60, 90, 180 or 365 days

**Satisfying the Elimination Period:** Counts days of illness, not days of care, which provides quicker access to benefits. Needs to be satisfied only once per lifetime.

### Benefit Multiplier

**Choice of:** 2 years, 3 years, 4 years, 5 years, 8 years or lifetime

### Optional Benefit Riders

- Shared Care Benefit Rider
- Surviving Spouse Waiver of Premium Rider
- Joint Waiver of Premium Rider
- Home Cash Benefit Rider
- Return of Premium Rider
- Waiver of the Elimination Period for Home and Community Care Rider
- Shortened Benefit Period Nonforfeiture Rider
- Inflation Protection Riders:
  - Automatic Compound Inflation Protection Benefit Riders  
Choice of: 3%, 4%, 5%
  - Automatic 5% Compound Inflation Protection Benefit Rider  
- 2X Maximum
  - Guaranteed Purchase Option Rider

### Discounts

#### Spouse Premium Discount Rider:

- 30% discount on each spouse's total insurance policy premium if both spouses are issued

#### Married Premium Discount Rider:

- 10% discount on total insurance policy premium when insurance policy is issued if you are married

#### Family Member Premium Discount Rider:

- 10% discount on each family member's total insurance policy premium if both family members are issued

### Methods of Payment

- Annual, Semi-Annual or Quarterly
- Monthly Automatic Bank Withdrawal

### Limitations

We will not pay for expenses you incur:

- (1) while your Policy is not in force; except as provided in the Extension of Benefits provision;
- (2) due to intentional, self-inflicted injury or attempted suicide;
- (3) that are payable by Medicare or any other Federal or State program, except Medicaid; (Except in MI)
- (4) outside the United States, its territories or possessions; except as described in the International Coverage Benefit;
- (5) that are payable under any workers' compensation or employer's liability laws; (Except in MI)
- (6) due to treatment for alcoholism or drug addiction;
- (7) for hospital or physician services, prescription drugs, x-rays and lab work; (Except in AZ and MI)
- (8) due to injuries or sickness resulting from an act of declared or undeclared war; or
- (9) for services provided by a Family Member, unless: (a) the Family Member is a Licensed Health Care Practitioner; (b) the Family Member is a regular employee of the organization furnishing the service of care; (c) the organization receives the payment for the services; and (d) the Family Member receives no compensation other than the normal compensation for employees in his or her job category.
- (10) In MI: for any services for which you are not obligated to pay.



## Coverage Highlights

# VISTA Care™ Choices

*Tax-Qualified Home Health Care Insurance*

### General

**Issue Ages:** 18-79

### Coverage Can Be Provided for the Following Services & Settings

#### Home and Community Care Benefits:

- Home Health Care (*including homemaker services*)
- Hospice Care
- Adult Day Care Program
- Respite Care (*up to one month per year*)

### Other Benefits

- First-Time Cash Benefit
- Home First Benefit
- Home Modification Benefit
- Informal Caregiver Training Benefit
- Resource Advisor
- Waiver of Premium Benefit
- Restoration of Benefits
- Ambulance Service Benefit
- Care Coordination Advisor

### Maximum Benefit

#### Home and Community Care Benefit Amount:

Available from \$900 up to \$6,000 in monthly increments of \$100

### Elimination Period<sup>2</sup>

**Choice of:** 0, 15, 30, 60, 90, 180 or 365 days

**Satisfying the Elimination Period:** Counts days of illness, not days of care, which provides quicker access to benefits. Needs to be satisfied only once per lifetime.

This insurance policy has limitations. Your insurance agent can provide you with complete details and costs. Please refer to your Outline of Coverage for complete information.

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## Coverage Highlights Continued

### Benefit Multiplier<sup>1</sup>

**Choice of:** 1 year, 2 years, 3 years, 4 years, or 5 years

### Optional Benefit Riders

- Surviving Spouse Waiver of Premium Rider
- Joint Waiver of Premium Rider
- Shortened Benefit Period Nonforfeiture Rider

### Optional Inflation Protection Riders

- Automatic Compound Inflation Protection Benefit Riders
  - Choice of: 3%, 4%, 5%
- Automatic 5% Compound Inflation Protection Benefit Rider - 2X Maximum
- Guaranteed Purchase Option Rider

### Discounts

#### Spouse Premium Discount Rider:

- 30% discount on each spouse's total insurance policy premium if both spouses are issued

#### Married Premium Discount Rider:

- 10% discount on total insurance policy premium when policy is issued if you are married

#### Family Member Premium Discount Rider:

- 10% discount on each family member's total insurance policy premium if both family members are issued

### Methods of Payment

- Annual, Semi-Annual or Quarterly
- Monthly Automatic Bank Withdrawal

### Limitations

We will not pay for expenses you incur:

- (1) while your Policy is not in force; except as provided in the Extension of Benefits provision;
- (2) due to intentional, self-inflicted injury or attempted suicide;
- (3) that are payable by Medicare or any other Federal or State program, except Medicaid; (Except in MI)
- (4) outside the United States, its territories or possessions;
- (5) that are payable under any workers' compensation or employer's liability laws; (Except in MI)
- (6) due to treatment for alcoholism or drug addiction;
- (7) for hospital or physician services, prescription drugs, x-rays and lab work; (Except in AZ and MI)
- (8) due to injuries or sickness resulting from an act of declared or undeclared war; or
- (9) for services provided by a Family Member, unless: (a) the Family Member is a Licensed Health Care Practitioner; (b) the Family Member is a regular employee of the organization furnishing the service of care; (c) the organization receives the payment for the services; and (d) the Family Member receives no compensation other than the normal compensation for employees in his or her job category.
- (10) In MI: for any services for which you are not obligated to pay.

<sup>1</sup> Availability and provisions may vary by state. Ask your insurance agent for details.

## Coverage Highlights

# VISTA Care™ Choices

*Basic Tax-Qualified Long-Term Care Insurance*

### General

**Issue Ages:** 18-79

### Coverage Can Be Provided for the Following Services & Settings

#### Facility Care Benefits:

- Nursing Home (*skilled, intermediate and custodial*)
- Assisted Living Facility
- Hospice Facility

### Optional Coverage for Home & Community Care

The Daily and Monthly Home and Community Care Benefit Riders can be added to cover types of long-term care received in the home or community settings. Should you select one of these riders, your covered services would expand to include:

#### Home and Community Care Benefits:

- Home Health Care (*including homemaker services*)
- Hospice Care
- Adult Day Care Program
- Respite Care (*up to one month per year*)
- Alternative Plan of Care Benefit
- Home First Benefit

### Other Benefits

- First-Time Cash Benefit
- Home Modification Benefit
- Informal Caregiver Training Benefit
- Resource Advisor
- Waiver of Premium Benefit
- Ambulance Service Benefit
- Care Coordination Advisor

This insurance policy has limitations. Your agent can provide you with complete details and costs. Please refer to your Outline of Coverage for complete information.

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## Coverage Highlights Continued

### Maximum Benefit

**Facility Care Benefit Amount:**

Available from \$1,500 up to \$9,000 in monthly increments of \$100

**Home and Community Care Benefit Amount:**

Choice of: 0%, 50%, 75% or 100% of the Facility Care Benefit Amount

### Elimination Period

**Choice of:** 0, 30, 60, 90, 180 or 365 days

**Satisfying the Elimination Period:** Counts days covered services are received.

Needs to be satisfied only once per lifetime.

### Benefit Multiplier<sup>1</sup>

**Choice of:** 1 year, 2 years, 3 years, 4 years, 5 years, 8 years or lifetime

### Optional Benefit Riders

- Shared Care Benefit Rider
- Surviving Spouse Waiver of Premium Rider
- Joint Waiver of Premium Rider
- Restoration of Benefits Rider
- Return of Premium Rider
- Daily Home & Community Care Benefit Rider
- Monthly Home & Community Care Benefit Rider
- Calendar Day Elimination Period Rider
- Shortened Benefit Period Nonforfeiture Rider
- Inflation Protection Riders:
  - Automatic Compound Inflation Protection Benefit Riders  
Choice of: 3%, 4%, 5%
  - Automatic 5% Compound Inflation Protection Benefit Rider  
- 2X Maximum
  - Guaranteed Purchase Option Rider

### Discounts

**Spouse Premium Discount Rider:**

- 30% discount on each spouse's total insurance policy premium if both spouses are issued

**Married Premium Discount Rider:**

- 10% discount on total insurance policy premium when insurance policy is issued if you are married

**Family Member Premium Discount Rider:**

- 10% discount on each family member's total insurance policy premium if both family members are issued

### Methods of Payment

- Annual, Semi-Annual or Quarterly
- Monthly Automatic Bank Withdrawal

### Limitations

We will not pay for expenses you incur:

- (1) while your Policy is not in force; except as provided in the Extension of Benefits provision;
- (2) due to intentional, self-inflicted injury or attempted suicide;
- (3) that are payable by Medicare or any other Federal or State program, except Medicaid; (Except in MI)
- (4) outside the United States, its territories or possessions;
- (5) that are payable under any workers' compensation or employer's liability laws; (Except in MI)
- (6) due to treatment for alcoholism or drug addiction;
- (7) for hospital or physician services, prescription drugs, x-rays and lab work; (Except in AZ and MI)
- (8) due to injuries or sickness resulting from an act of declared or undeclared war; or
- (9) for services provided by a Family Member, unless: (a) the Family Member is a Licensed Health Care Practitioner; (b) the Family Member is a regular employee of the organization furnishing the service of care; (c) the organization receives the payment for the services; and (d) the Family Member receives no compensation other than the normal compensation for employees in his or her job category.

(10) In MI: for any services for which you are not obligated to pay

<sup>1</sup> May vary by state.




**VISTA Care Choices**  
**Non Tax-Qualified Long-Term Care Insurance Policy**

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier: [     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit: \$[     ]
Elimination Period:	[     ]	
Riders: [     ]		

Policy Benefit Options		[Premium Mode] Premium
Base Policy [P145]:		
[     ]	\$[     ]	
[     ] Home & Community Care [rider #]:	\$[     ]	
[Inflation Protection Rider]:	\$[     ]	
[rider]:	\$[     ]	
[rider]:	\$[     ]	
[rider]:	\$[     ]	
[discount]:	\$[     ]	[-]
		\$[     ]
Total Modal Premium:		\$[     ]
[Medicare Supplement/LTC Discount of 5% for 1st Yr:]		\$[     ] [-]
Total First Year Modal Premium:		\$[     ]

**Alternate Premium Modes**

	Monthly ABW	Quarterly	Semi-Annual	Annual
First Year Premium:	\$[     ]	\$[     ]	\$[     ]	\$[     ]
Renewal Premium	\$[     ]	\$[     ]	\$[     ]	\$[     ]

**Important Disclosures**

This is a proposal and is neither a contract nor an offer to contract. Refer to the accompanying outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.


**VISTA Care Choices**  
**Non Tax-Qualified Long-Term Care Insurance Policy**

Primary Insured: [     ] Prepared By: [     ]  
 [Sex], Age [XXX], DOB [mm/dd/yyyy], [Status] Company: Physicians Mutual Insurance Company  
 Premium Mode: [     ] 2600 Dodge Street  
 State: [     ] Omaha, NE 68131  
 Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit: \$[     ] ([     ] maximum) Benefit Multiplier: [     ]  
 [     ] Home & Community Care Benefit: \$[     ] ([     ] maximum) Maximum Benefit: \$[     ]  
 Elimination Period: [     ]  
 Riders: [     ]

**Cost of Waiting**

<b><u>If</u></b> <b><u>Purchased</u></b>	<b><u>Age</u></b>	<b><u>Monthly</u></b> <b><u>Benefit</u></b>	<b><u>Maximum</u></b> <b><u>Benefit</u></b>	<b><u>First Year</u></b> <b><u>Estimated</u></b> <b><u>Annualized</u></b> <b><u>Premium</u></b>	<b><u>Estimated</u></b> <b><u>Premiums</u></b> <b><u>Paid to Age</u></b> <b><u>85</u></b>	<b><u>Cost of</u></b> <b><u>Waiting</u></b>
Today	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
1 Year	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
5 Years	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
10 Years	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
20 Years	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

The Cost of Waiting is an illustrative example of increased cost to purchase this insurance policy at a later date. The Monthly Benefit column is increased by 5% compounded annually to reflect inflation. The remaining columns are estimates based on the Monthly Benefit.

**Important Disclosures**

This is a proposal and is neither a contract nor an offer to contract. Refer to the accompanying outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.



## VISTA Care Choices Non Tax-Qualified Long-Term Care Insurance Policy

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

### Selected Benefit Options

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier:	[     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit:	\$[     ]
Elimination Period:	[     ]		
Riders:	[     ]		

### Variations in Benefit Amount

<u>Benefit</u> <u>Duration</u>	[ \$ ]	[ \$ ]	[ \$ ]*	[ \$ ]	[ \$ ]
2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

\* Benefit Amount chosen on this proposal.

### Important Disclosures

This is a proposal and is neither a contract nor an offer to contract. Refer to the accompanying outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.



## VISTA Care Choices Non Tax-Qualified Long-Term Care Insurance Policy

Primary Insured: [ ] Prepared By: [ ]  
 [Sex], Age [XXX], DOB [mm/dd/yyyy], [Status] Company: Physicians Mutual Insurance Company  
 Premium Mode: [ ] 2600 Dodge Street  
 State: [ ] Omaha, NE 68131  
 Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

### Selected Benefit Options

Facility Care Benefit: \$[ ] ([ ] maximum) Benefit Multiplier: [ ]  
 [ ] Home & Community Care Benefit: \$[ ] ([ ] maximum) Maximum Benefit: \$[ ]  
 Elimination Period: [ ]  
 Riders: [ ]

Benefit Options Matrix						
Inflation Riders	Benefit Multiplier	Elimination Period (days)				
		[ ] Days	[ ] Days	[ ] Days	[ ] Days	[ ] Days
[Automatic 5% Compound Increase B182]	2 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	3 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	4 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	5 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	8 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	Lifetime	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[Automatic 4% Compound Increase B325]	2 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	3 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	4 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	5 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	8 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	Lifetime	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[Automatic 3% Compound Increase B324]	2 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	3 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	4 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	5 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	8 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	Lifetime	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[Automatic 5% 2X Compound Increase B183]	2 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	3 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	4 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	5 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	8 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	Lifetime	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[Guaranteed Purchase B185]	2 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	3 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	4 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	5 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	8 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	Lifetime	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]

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## VISTA Care Choices Non Tax-Qualified Long-Term Care Insurance Policy

Primary Insured: [ ] Prepared By: [ ]  
 [Sex], Age [XXX], DOB [mm/dd/yyyy], [Status] Company: Physicians Mutual Insurance Company  
 Premium Mode: [ ] 2600 Dodge Street  
 State: [ ] Omaha, NE 68131  
 Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

### Selected Benefit Options

Facility Care Benefit: \$[ ] ([ ] maximum) Benefit Multiplier: [ ]  
 [ ] Home & Community Care Benefit: \$[ ] ([ ] maximum) Maximum Benefit: \$[ ]  
 Elimination Period: [ ]  
 Riders: [ ]

	Benefit Options Matrix					
	Elimination Period (days)					
<u>Inflation Riders</u>	<u>Benefit Multiplier</u>	<u>[ ] Days</u>	<u>[ ] Days</u>	<u>[ ] Days</u>	<u>[ ] Days</u>	<u>[ ] Days</u>
[No Inflation Protection Rider]	2 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	3 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	4 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	5 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	8 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	Lifetime	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]

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Primary Insured: [ ] Prepared By: [ ]  
 [Sex], Age [XXX], DOB [mm/dd/yyyy], [Status] Company: Physicians Mutual Insurance Company  
 Premium Mode: [ ] 2600 Dodge Street  
 State: [ ] Omaha, NE 68131  
 Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

### Selected Benefit Options

Facility Care Benefit: \$[ ] ([ ] maximum) Benefit Multiplier: [ ]  
 [ ] Home & Community Care Benefit: \$[ ] ([ ] maximum) Maximum Benefit: \$[ ]  
 Elimination Period: [ ]  
 Riders: [ ]

### Inflation Protection Rider Comparison

<u>Estimated Benefit Amount</u>				<u>Accumulated Annualized Premium</u>				
<u>Age</u>	<u>Automatic 5% Compound Increase</u>	<u>Automatic 4% Compound Increase</u>	<u>Automatic 3% Compound Increase</u>	<u>Automatic 5% Compound 2X Increase</u>	<u>Automatic 5% Compound Increase</u>	<u>Automatic 4% Compound Increase</u>	<u>Automatic 3% Compound Increase</u>	<u>Automatic 5% Compound 2X Increase</u>
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
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[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]

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**VISTA Care Choices**  
**Non Tax-Qualified Long-Term Care Insurance Policy**

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier:	[     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit:	\$[     ]
Elimination Period:	[     ]		
Riders: [     ]			

**Inflation Protection Rider Comparison****Estimated Benefit Amount****Accumulated Annualized Premium**

<b><u>Age</u></b>	<b><u>Guaranteed Purchase Option</u></b>	<b><u>Guaranteed Purchase Option</u></b>
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
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[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]

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**VISTA Care Choices**  
**Tax-Qualified Long-Term Care Insurance Policy**

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier: [     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit: \$[     ]
Elimination Period:	[     ]	
Riders: [     ]		

Policy Benefit Options		[Premium Mode] Premium
Base Policy [P146]:		
[     ]	\$[     ]	
[     ] Home & Community Care [rider #]:	\$[     ]	
[Inflation Protection Rider]:	\$[     ]	
[rider]:	\$[     ]	
[rider]:	\$[     ]	
[rider]:	\$[     ]	
[discount]:	\$[     ]	[-]
		\$[     ]
Total Modal Premium:		\$[     ]
[Medicare Supplement/LTC Discount of 5% for 1st Yr:]		\$[     ] [-]
Total First Year Modal Premium:		\$[     ]

**Alternate Premium Modes**

	Monthly ABW	Quarterly	Semi-Annual	Annual
First Year Premium:	\$[     ]	\$[     ]	\$[     ]	\$[     ]
Renewal Premium	\$[     ]	\$[     ]	\$[     ]	\$[     ]

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**VISTA Care Choices**  
**Tax-Qualified Long-Term Care Insurance Policy**

Primary Insured: [     ] Prepared By: [     ]  
 [Sex], Age [XXX], DOB [mm/dd/yyyy], [Status] Company: Physicians Mutual Insurance Company  
 Premium Mode: [     ] 2600 Dodge Street  
 State: [     ] Omaha, NE 68131  
 Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit: \$[     ] ([     ] maximum) Benefit Multiplier: [     ]  
 [     ] Home & Community Care Benefit: \$[     ] ([     ] maximum) Maximum Benefit: \$[     ]  
 Elimination Period: [     ]  
 Riders: [     ]

**Cost of Waiting**

<b><u>If</u></b> <b><u>Purchased</u></b>	<b><u>Age</u></b>	<b><u>Monthly</u></b> <b><u>Benefit</u></b>	<b><u>Maximum</u></b> <b><u>Benefit</u></b>	<b><u>First Year</u></b> <b><u>Estimated</u></b> <b><u>Annualized</u></b> <b><u>Premium</u></b>	<b><u>Estimated</u></b> <b><u>Premiums</u></b> <b><u>Paid to Age</u></b> <b><u>85</u></b>	<b><u>Cost of</u></b> <b><u>Waiting</u></b>
	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
Today	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
1 Year	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
5 Years	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
10 Years	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
20 Years	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

The Cost of Waiting is an illustrative example of increased cost to purchase this insurance policy at a later date. The Monthly Benefit column is increased by 5% compounded annually to reflect inflation. The remaining columns are estimates based on the Monthly Benefit.

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## VISTA Care Choices Tax-Qualified Long-Term Care Insurance Policy

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

### Selected Benefit Options

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier:	[     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit:	\$[     ]
Elimination Period:	[     ]		
Riders:	[     ]		

### Variations in Benefit Amount

<u>Benefit</u> <u>Duration</u>	<u>[ \$ ]</u>	<u>[ \$ ]</u>	<u>[ \$ ]*</u>	<u>[ \$ ]</u>	<u>[ \$ ]</u>
2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

\* Benefit Amount chosen on this proposal.

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## VISTA Care Choices Tax-Qualified Long-Term Care Insurance Policy

Primary Insured: [ ] Prepared By: [ ]  
 [Sex], Age [XXX], DOB [mm/dd/yyyy], [Status] Company: Physicians Mutual Insurance Company  
 Premium Mode: [ ] 2600 Dodge Street  
 State: [ ] Omaha, NE 68131  
 Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

### Selected Benefit Options

Facility Care Benefit: \$[ ] ([ ] maximum) Benefit Multiplier: [ ]  
 [ ] Home & Community Care Benefit: \$[ ] ([ ] maximum) Maximum Benefit: \$[ ]  
 Elimination Period: [ ]  
 Riders: [ ]

Benefit Options Matrix						
InInflation Rider	Benefit Multiplier	Elimination Period (days)				
		[ ] Days	[ ] Days	[ ] Days	[ ] Days	[ ] Days
[Automatic 5% Compound Increase B182]	2 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	3 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	4 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	5 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	8 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	Lifetime	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[Automatic 4% Compound Increase B325]	2 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	3 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	4 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	5 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	8 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	Lifetime	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[Automatic 3% Compound Increase B324]	2 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	3 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	4 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	5 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	8 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	Lifetime	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[Automatic 5% 2X Compound Increase B183]	2 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	3 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	4 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	5 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	8 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	Lifetime	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[Guaranteed Purchase B185]	2 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	3 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	4 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	5 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	8 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	Lifetime	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]

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**VISTA Care Choices**  
**Tax-Qualified Long-Term Care Insurance Policy**

Primary Insured: [ ] Prepared By: [ ]  
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status] Company: Physicians Mutual Insurance Company  
Premium Mode: [ ] 2600 Dodge Street  
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Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit: \$[ ] ([ ] maximum) Benefit Multiplier: [ ]  
[ ] Home & Community Care Benefit: \$[ ] ([ ] maximum) Maximum Benefit: \$[ ]  
Elimination Period: [ ]  
Riders: [ ]

<b>InInflation Rider</b>	<b>Benefit Options Matrix</b>					
	<b>Elimination Period (days)</b>					
	<b>Benefit Multiplier</b>	<b>[ ] Days</b>	<b>[ ] Days</b>	<b>[ ] Days</b>	<b>[ ] Days</b>	<b>[ ] Days</b>
[No Inflation Protection Rider]	2 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	3 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	4 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	5 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	8 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	Lifetime	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]

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**VISTA Care Choices  
Tax-Qualified Long-Term Care Insurance Policy**

Primary Insured: [ ] Prepared By: [ ]  
 [Sex], Age [XXX], DOB [mm/dd/yyyy], [Status] Company: Physicians Mutual Insurance Company  
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 State: [ ] Omaha, NE 68131  
 Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit: \$[ ] ([ ] maximum) Benefit Multiplier: [ ]  
 [ ] Home & Community Care Benefit: \$[ ] ([ ] maximum) Maximum Benefit: \$[ ]  
 Elimination Period: [ ]  
 Riders: [ ]

**Inflation Protection Rider Comparison****Estimated Benefit Amount****Accumulated Annualized Premium**

<b>Age</b>	<b>Automatic 5% Compound Increase</b>	<b>Automatic 4% Compound Increase</b>	<b>Automatic 3% Compound Increase</b>	<b>Automatic 5% Compound 2X Increase</b>	<b>Automatic 5% Compound Increase</b>	<b>Automatic 4% Compound Increase</b>	<b>Automatic 3% Compound Increase</b>	<b>Automatic 5% Compound 2X Increase</b>
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
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**VISTA Care Choices**  
**Tax-Qualified Long-Term Care Insurance Policy**

---

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

---

**Selected Benefit Options**

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier:	[     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit:	\$[     ]
Elimination Period:	[     ]		
Riders: [     ]			

---

**Inflation Protection Rider Comparison****Estimated Benefit Amount****Accumulated Annualized Premium**

<b><u>Age</u></b>	<b><u>Guaranteed Purchase Option</u></b>	<b><u>Guaranteed Purchase Option</u></b>
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
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[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
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[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]

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**Important Disclosures**

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**VISTA Care Choices**  
**Home Health Care Insurance Policy**

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Home and Community Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier: [     ]
Elimination Period:	[     ]	Maximum Benefit: \$[     ]
Riders: [     ]		

Policy Benefit Options		[Premium Mode] Premium
Base Policy [P147]:	\$[     ]	
[%] Home & Community Care [rider #]:	\$[     ]	
[Inflation Protection Rider]:	\$[     ]	
[rider]:	\$[     ]	
[rider]:	\$[     ]	
[rider]:	\$[     ]	
[discount]:	\$[     ] [-]	
	\$[     ]	
Total Modal Premium:	\$[     ]	
[Medicare Supplement/LTC Discount of 5% for 1st Yr:]		\$[     ] [-]
Total First Year Modal Premium:		\$[     ]

**Alternate Premium Modes**

	Monthly ABW	Quarterly	Semi-Annual	Annual
First Year Premium:	\$[     ]	\$[     ]	\$[     ]	\$[     ]
Renewal Premium	\$[     ]	\$[     ]	\$[     ]	\$[     ]

**Important Disclosures**

This is a proposal and is neither a contract nor an offer to contract. Refer to the accompanying outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.


**VISTA Care Choices**  
**Home Health Care Insurance Policy**

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Home and Community Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier: [     ]
Elimination Period:	[     ]	Maximum Benefit: \$[     ]
Riders: [     ]		

**Cost of Waiting**

<u>If Purchased</u>	<u>Age</u>	<u>Monthly Benefit</u>	<u>Maximum Benefit</u>	<u>First Year Estimated Annualized Premium</u>	<u>Estimated Premiums Paid to Age 85</u>	<u>Cost of Waiting</u>
	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
Today	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
1 Year	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
5 Years	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
10 Years	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
20 Years	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

The Cost of Waiting is an illustrative example of increased cost to purchase this insurance policy at a later date. The Monthly Benefit column is increased by 5% compounded annually to reflect inflation. The remaining columns are estimates based on the Monthly Benefit.

**Important Disclosures**

This is a proposal and is neither a contract nor an offer to contract. Refer to the accompanying outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.





## VISTA Care Choices Home Health Care Insurance Policy

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

### Selected Benefit Options

Home and Community Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier: [     ]
Elimination Period:	[     ]	Maximum Benefit: \$[     ]
Riders: [     ]		

### Variations in Benefit Amount

<u>Benefit</u> <u>Duration</u>	<u>[ \$ ]</u>	<u>[ \$ ]</u>	<u>[ \$ ]*</u>	<u>[ \$ ]</u>	<u>[ \$ ]</u>
1 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

\* Benefit Amount chosen on this proposal.

### Important Disclosures

This is a proposal and is neither a contract nor an offer to contract. Refer to the accompanying outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.


**VISTA Care Choices**  
**Home Health Care Insurance Policy**

Primary Insured: [     ] Prepared By: [     ]  
 [Sex], Age [XXX], DOB [mm/dd/yyyy], [Status] Company: Physicians Mutual Insurance Company  
 Premium Mode: [     ] 2600 Dodge Street  
 State: [     ] Omaha, NE 68131  
 Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Home and Community Care Benefit: \$[     ] ([     ] maximum) Benefit Multiplier: [     ]  
 Elimination Period: [     ] Maximum Benefit: \$[     ]  
 Riders: [     ]

**Benefit Options Matrix**
**Elimination Period (days)**

<b><u>InInflation Rider</u></b>	<b><u>Benefit Multiplier</u></b>	<b><u>[     ] Days</u></b>	<b><u>[     ] Days</u></b>	<b><u>[     ] Days</u></b>	<b><u>[     ] Days</u></b>	<b><u>[     ] Days</u></b>
[Automatic 5% Compound Increase B203]	1 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Automatic 4% Compound Increase B327]	1 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Automatic 3% Compound Increase B326]	1 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Automatic 5% 2X Compound Increase B204]	1 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Guaranteed Purchase Option B210]	1 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

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**VISTA Care Choices  
Home Health Care Insurance Policy**

Primary Insured: [ ] Prepared By: [ ]  
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status] Company: Physicians Mutual Insurance Company  
Premium Mode: [ ] 2600 Dodge Street  
State: [ ] Omaha, NE 68131  
Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Home and Community Care Benefit: \$[ ] ([ ] maximum) Benefit Multiplier: [ ]  
Elimination Period: [ ] Maximum Benefit: \$[ ]  
Riders: [ ]

**Benefit Options Matrix****Elimination Period (days)****InInflation Rider**

	<b><u>Benefit Multiplier</u></b>	<b><u>[ ] Days</u></b>	<b><u>[ ] Days</u></b>	<b><u>[ ] Days</u></b>	<b><u>[ ] Days</u></b>	<b><u>[ ] Days</u></b>
[No Inflation Protection Rider]	1 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	2 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	3 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	4 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
	5 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]

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**VISTA Care Choices  
Home Health Care Insurance Policy**

Primary Insured: [ ] Prepared By: [ ]  
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status] Company: Physicians Mutual Insurance Company  
Premium Mode: [ ] 2600 Dodge Street  
State: [ ] Omaha, NE 68131  
Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Home and Community Care Benefit: \$[ ] ([ ] maximum) Benefit Multiplier: [ ]  
Elimination Period: [ ] Maximum Benefit: \$[ ]  
Riders: [ ]

**Inflation Protection Rider Comparison****Estimated Benefit Amount****Accumulated Annualized Premium**

<b>Age</b>	<b><u>Automatic 5% Compound Increase</u></b>	<b><u>Automatic 4% Compound Increase</u></b>	<b><u>Automatic 3% Compound Increase</u></b>	<b><u>Automatic 5% Compound 2X Increase</u></b>	<b><u>Automatic 5% Compound Increase</u></b>	<b><u>Automatic 4% Compound Increase</u></b>	<b><u>Automatic 3% Compound Increase</u></b>	<b><u>Automatic 5% Compound 2X Increase</u></b>
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
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[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]

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**VISTA Care Choices**  
**Home Health Care Insurance Policy**

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Home and Community Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier: [     ]
Elimination Period:	[     ]	Maximum Benefit: \$[     ]
Riders: [     ]		

Inflation Protection Rider Comparison		
<u>Estimated Benefit Amount</u>		<u>Accumulated Annualized Premium</u>
<u>Age</u>	<u>Guaranteed Purchase Option</u>	<u>Guaranteed Purchase Option</u>
[   ]	\$[     ]	\$[     ]
[   ]	\$[     ]	\$[     ]
[   ]	\$[     ]	\$[     ]
[   ]	\$[     ]	\$[     ]
[   ]	\$[     ]	\$[     ]
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[   ]	\$[     ]	\$[     ]
[   ]	\$[     ]	\$[     ]


**VISTA Care Choices**  
**Tax-Qualified Basic Long-Term Care Insurance Policy**

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier: [     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit: \$[     ]
Elimination Period:	[     ]	
Riders: [     ]		

Policy Benefit Options		[Premium Mode] Premium
Base Policy [P148]:		\$[     ]
[     ] Home & Community Care [rider #]:	\$[     ]	
[Inflation Protection Rider]:	\$[     ]	
[rider]:	\$[     ]	
[rider]:	\$[     ]	
[rider]:	\$[     ]	
[discount]:	\$[     ]	[-]
Total Modal Premium:		\$[     ]
[Medicare Supplement/LTC Discount of 5% for 1st Yr:]		\$[     ] [-]
Total First Year Modal Premium:		\$[     ]

**Alternate Premium Modes**

	Monthly ABW	Quarterly	Semi-Annual	Annual
First Year Premium:	\$[     ]	\$[     ]	\$[     ]	\$[     ]
Renewal Premium	\$[     ]	\$[     ]	\$[     ]	\$[     ]

**Important Disclosures**

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**VISTA Care Choices****Tax-Qualified Basic Long-Term Care Insurance Policy**

Primary Insured: [     ] Prepared By: [     ]  
 [Sex], Age [XXX], DOB [mm/dd/yyyy], [Status] Company: Physicians Mutual Insurance Company  
 Premium Mode: [     ] 2600 Dodge Street  
 State: [     ] Omaha, NE 68131  
 Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit: \$[     ] ([     ] maximum) Benefit Multiplier: [     ]  
 [     ] Home & Community Care Benefit: \$[     ] ([     ] maximum) Maximum Benefit: \$[     ]  
 Elimination Period: [     ]  
 Riders: [     ]

**Cost of Waiting**

<b><u>If</u></b> <b><u>Purchased</u></b>	<b><u>Age</u></b>	<b><u>Monthly</u></b> <b><u>Benefit</u></b>	<b><u>Maximum</u></b> <b><u>Benefit</u></b>	<b><u>First Year</u></b> <b><u>Estimated</u></b> <b><u>Annualized</u></b> <b><u>Premium</u></b>	<b><u>Estimated</u></b> <b><u>Premiums</u></b> <b><u>Paid to Age</u></b> <b><u>85</u></b>	<b><u>Cost of</u></b> <b><u>Waiting</u></b>
Today	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
1 Year	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
5 Years	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
10 Years	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
20 Years	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

The Cost of Waiting is an illustrative example of increased cost to purchase this insurance policy at a later date. The Monthly Benefit column is increased by 5% compounded annually to reflect inflation. The remaining columns are estimates based on the Monthly Benefit.

**Important Disclosures**

This is a proposal and is neither a contract nor an offer to contract. Refer to the accompanying outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.



## VISTA Care Choices Tax-Qualified Basic Long-Term Care Insurance Policy

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

### Selected Benefit Options

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier:	[     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit:	\$[     ]
Elimination Period:	[     ]		
Riders:	[     ]		

### Variations in Benefit Amount

<u>Benefit</u> <u>Duration</u>	[ \$ ]	[ \$ ]	[ \$ ]*	[ \$ ]	[ \$ ]
2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

\* Benefit Amount chosen on this proposal.

### Important Disclosures

This is a proposal and is neither a contract nor an offer to contract. Refer to the accompanying outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.

**VISTA Care Choices****Tax-Qualified Basic Long-Term Care Insurance Policy**

Primary Insured: [     ] Prepared By: [     ]  
 [Sex], Age [XXX], DOB [mm/dd/yyyy], [Status] Company: Physicians Mutual Insurance Company  
 Premium Mode: [     ] 2600 Dodge Street  
 State: [     ] Omaha, NE 68131  
 Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit: \$[     ] ([     ] maximum) Benefit Multiplier: [     ]  
 [     ] Home & Community Care Benefit: \$[     ] ([     ] maximum) Maximum Benefit: \$[     ]  
 Elimination Period: [     ]  
 Riders: [     ]

Benefit Options Matrix						
Inflation Rider	Benefit Multiplier	Elimination Period (days)				
		[     ] Days	[     ] Days	[     ] Days	[     ] Days	[     ] Days
[Automatic 5% Compound Increase B203]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Automatic 4% Compound Increase B327]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Automatic 3% Compound Increase B326]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Automatic 5% 2X Compound Increase B204]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Guaranteed Purchase Option B210]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

**Important Disclosures**

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VISTA Care Choices  
Tax-Qualified Basic Long-Term Care Insurance Policy

Primary Insured: [     ]  
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]  
Premium Mode: [     ]  
State: [     ]  
Requested Effective Date: [mm/dd/yyyy]

Prepared By: [     ]  
Company: Physicians Mutual Insurance Company  
2600 Dodge Street  
Omaha, NE 68131  
[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

Selected Benefit Options

Facility Care Benefit:                      \$[     ] ([     ] maximum)      Benefit Multiplier:                      [     ]  
[     ] Home & Community Care Benefit:      \$[     ] ([     ] maximum)      Maximum Benefit:                      \$[     ]  
Elimination Period:                              [     ]  
Riders: [     ]

Inflation Rider	Benefit Options Matrix				
	Elimination Period (days)				
	Benefit Multiplier	[     ] Days	[     ] Days	[     ] Days	[     ] Days
[No Inflation Protection Rider]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]

**VISTA Care Choices****Tax-Qualified Basic Long-Term Care Insurance Policy**

Primary Insured: [ ]

Prepared By: [ ]

[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]

Company: Physicians Mutual Insurance Company

Premium Mode: [ ]

2600 Dodge Street

State: [ ]

Omaha, NE 68131

Requested Effective Date: [mm/dd/yyyy]

[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit: \$[ ] ([ ] maximum)

Benefit Multiplier: [ ]

[ ] Home &amp; Community Care Benefit: \$[ ] ([ ] maximum)

Maximum Benefit: \$[ ]

Elimination Period: [ ]

Riders: [ ]

**Inflation Protection Rider Comparison****Estimated Benefit Amount****Accumulated Annualized Premium**

<b><u>Age</u></b>	<b><u>Automatic 5% Compound Increase</u></b>	<b><u>Automatic 4% Compound Increase</u></b>	<b><u>Automatic 3% Compound Increase</u></b>	<b><u>Automatic 5% Compound 2X Increase</u></b>	<b><u>Automatic 5% Compound Increase</u></b>	<b><u>Automatic 4% Compound Increase</u></b>	<b><u>Automatic 3% Compound Increase</u></b>	<b><u>Automatic 5% Compound 2X Increase</u></b>
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]

**Important Disclosures**

This is a proposal and is neither a contract nor an offer to contract. Refer to the accompanying outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.


**VISTA Care Choices**  
**Tax-Qualified Basic Long-Term Care Insurance Policy**

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier:	[     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit:	\$[     ]
Elimination Period:	[     ]		
Riders: [     ]			

**Inflation Protection Rider Comparison****Estimated Benefit Amount****Accumulated Annualized Premium**

<b><u>Age</u></b>	<b><u>Guaranteed Purchase Option</u></b>	<b><u>Guaranteed Purchase Option</u></b>
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]

**Important Disclosures**

This is a proposal and is neither a contract nor an offer to contract. Refer to the accompanying outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.

<i>SERFF Tracking Number:</i>	<i>PHYS-125695323</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>39312</i>
<i>Company Tracking Number:</i>	<i>PMA2898</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>LTC</i>		
<i>Project Name/Number:</i>	<i>PMA2895AR/PMA2895AR</i>		

## **Rate Information**

Rate data does NOT apply to filing.



<i>SERFF Tracking Number:</i>	<i>PHYS-125695323</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>39312</i>
<i>Company Tracking Number:</i>	<i>PMA2898</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>LTC</i>		
<i>Project Name/Number:</i>	<i>PMA2895AR/PMA2895AR</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	PMA2596	06/16/2008	PMA2596.pdf
No original date	Form	PMA2597	06/16/2008	PMA2597.pdf
No original date	Form	PMA2598	06/16/2008	PMA2598.pdf
No original date	Form	PMA2599	06/16/2008	PMA2599.pdf



## VISTA Care Choices Non Tax-Qualified Long-Term Care Insurance Policy

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

### Selected Benefit Options

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier: [     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit: \$[     ]
Elimination Period:	[     ]	
Riders: [     ]		

Policy Benefit Options	[Premium Mode] Premium	
Base Policy [P145]:	\$[     ]	
[     ] Home & Community Care [rider #]:	\$[     ]	
[Inflation Protection Rider]:	\$[     ]	
[rider]:	\$[     ]	
[rider]:	\$[     ]	
[rider]:	\$[     ]	
[discount]:	\$[     ]	[-]
	\$[     ]	
Total Modal Premium:	\$[     ]	
[Medicare Supplement/LTC Discount of 5% for 1st Yr:]	\$[     ]	[-]
Total First Year Modal Premium:	\$[     ]	

### Alternate Premium Modes

	Monthly ABW	Quarterly	Semi-Annual	Annual
First Year Premium:	\$[     ]	\$[     ]	\$[     ]	\$[     ]
Renewal Premium	\$[     ]	\$[     ]	\$[     ]	\$[     ]

### Important Disclosures

This is a proposal and is neither a contract nor an offer to contract. Refer to the actual insurance policy, outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.

**VISTA Care Choices**  
**Non Tax-Qualified Long-Term Care Insurance Policy**

Primary Insured: [ ]	Prepared By: [ ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [ ]	2600 Dodge Street
State: [ ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit:	\$[ ] ([ ] maximum)	Benefit Multiplier:	[ ]
[ ] Home & Community Care Benefit:	\$[ ] ([ ] maximum)	Maximum Benefit:	\$[ ]
Elimination Period:	[ ]		
Riders: [ ]			

**Cost of Waiting**

<u>If</u> <u>Purchased</u>	<u>Age</u>	<u>Monthly</u> <u>Benefit</u>	<u>Maximum</u> <u>Benefit</u>	<u>First Year</u> <u>Estimated</u> <u>Annualized</u> <u>Premium</u>	<u>Estimated</u> <u>Premiums</u> <u>Paid to Age 85</u>	<u>Cost of Waiting</u>
	[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
Today	[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
1 Year	[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
5 Years	[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
10 Years	[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
20 Years	[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]

The Cost of Waiting is an illustrative example of increased cost to purchase this insurance policy at a later date. The Monthly Benefit column is increased by 5% compounded annually to reflect inflation. The remaining columns are estimates based on the Monthly Benefit.

**Important Disclosures**

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**VISTA Care Choices**  
**Non Tax-Qualified Long-Term Care Insurance Policy**

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier:	[     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit:	\$[     ]
Elimination Period:	[     ]		
Riders: [     ]			

**Variations in Benefit Amount**

<u>Benefit</u> <u>Duration</u>	[ \$ ]	[ \$ ]	[ \$ ]*	[ \$ ]	[ \$ ]
2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

\* Benefit Amount chosen on this proposal.

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This is a proposal and is neither a contract nor an offer to contract. Refer to the actual insurance policy, outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.




**VISTA Care Choices**  
**Non Tax-Qualified Long-Term Care Insurance Policy**

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier:	[     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit:	\$[     ]
Elimination Period:	[     ]		
Riders: [     ]			

**Benefit Options Matrix**

<b>Inflation Riders</b>	<b>Benefit Multiplier</b>	<b>Elimination Period (days)</b>				
		<b>[     ] Days</b>	<b>[     ] Days</b>	<b>[     ] Days</b>	<b>[     ] Days</b>	<b>[     ] Days</b>
[Automatic Compound Increase B182]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Automatic Compound Increase 2X B183]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Automatic Simple Increase B184]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Guarantee Purchase B185]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[No Inflation Protection Rider]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

**Important Disclosures**

This is a proposal and is neither a contract nor an offer to contract. Refer to the actual insurance policy, outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.



## VISTA Care Choices Non Tax-Qualified Long-Term Care Insurance Policy

Primary Insured: [ ]

Prepared By: [ ]

[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]

Company: Physicians Mutual Insurance Company

Premium Mode: [ ]

2600 Dodge Street

State: [ ]

Omaha, NE 68131

Requested Effective Date: [mm/dd/yyyy]

[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

## Selected Benefit Options

Facility Care Benefit:

$$S[\mathbf{r}] = \int_{\mathbf{r}}^{\mathbf{r}'} (\mathbf{r}' - \mathbf{r}) \cdot \mathbf{f}(\mathbf{r}) d\mathbf{r}$$

Benefit Multiplier:

[ ]

[ ] Home & Community Care Benefit:

\$[ \quad ]\$ ([ \$\quad\$ ] maximum)

Maximum Benefit:

\$[ \quad ]\$

Elimination Period:

[ ]

Riders: [ ]

### Inflation Protection Rider Comparison

**Estimated Benefit Amount**

### Accumulated Annualized Premium

[illegible]

## Important Disclosures

This is a proposal and is neither a contract nor an offer to contract. Refer to the actual insurance policy, outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.


**VISTA Care Choices**  
**Tax-Qualified Long-Term Care Insurance Policy**

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier: [     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit: \$[     ]
Elimination Period:	[     ]	
Riders: [     ]		

Policy Benefit Options	[Premium Mode] Premium	
Base Policy [P146]:	\$[     ]	
[     ] Home & Community Care [rider #]:	\$[     ]	
[Inflation Protection Rider]:	\$[     ]	
[rider]:	\$[     ]	
[rider]:	\$[     ]	
[rider]:	\$[     ]	
[discount]:	\$[     ]	[-]
	\$[     ]	
Total Modal Premium:	\$[     ]	
[Medicare Supplement/LTC Discount of 5% for 1st Yr:]	\$[     ]	[-]
Total First Year Modal Premium:	\$[     ]	

**Alternate Premium Modes**

	Monthly ABW	Quarterly	Semi-Annual	Annual
First Year Premium:	\$[     ]	\$[     ]	\$[     ]	\$[     ]
Renewal Premium	\$[     ]	\$[     ]	\$[     ]	\$[     ]

**Important Disclosures**

This is a proposal and is neither a contract nor an offer to contract. Refer to the actual insurance policy, outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.



## VISTA Care Choices Tax-Qualified Long-Term Care Insurance Policy

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

### Selected Benefit Options

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier:	[     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit:	\$[     ]
Elimination Period:	[     ]		
Riders: [     ]			

### Cost of Waiting

<u>If</u> <u>Purchased</u>	<u>Age</u>	<u>Monthly</u> <u>Benefit</u>	<u>Maximum</u> <u>Benefit</u>	<u>First Year</u> <u>Estimated</u> <u>Annualized</u> <u>Premium</u>	<u>Estimated</u> <u>Premiums</u> <u>Paid to Age 85</u>	<u>Cost of Waiting</u>
	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
Today	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
1 Year	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
5 Years	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
10 Years	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
20 Years	[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

The Cost of Waiting is an illustrative example of increased cost to purchase this insurance policy at a later date. The Monthly Benefit column is increased by 5% compounded annually to reflect inflation. The remaining columns are estimates based on the Monthly Benefit.

### Important Disclosures

This is a proposal and is neither a contract nor an offer to contract. Refer to the actual insurance policy, outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.





**VISTA Care Choices**  
**Tax-Qualified Long-Term Care Insurance Policy**

Primary Insured: [ ] Prepared By: [ ]  
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status] Company: Physicians Mutual Insurance Company  
Premium Mode: [ ] 2600 Dodge Street  
State: [ ] Omaha, NE 68131  
Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit: \$[ ] ([ ] maximum) Benefit Multiplier: [ ]  
[ ] Home & Community Care Benefit: \$[ ] ([ ] maximum) Maximum Benefit: \$[ ]  
Elimination Period: [ ]  
Riders: [ ]

**Variations in Benefit Amount**

<u>Benefit Duration</u>	[ \$ ]	[ \$ ]	[ \$ ]*	[ \$ ]	[ \$ ]
2 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
3 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
4 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
5 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
8 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
Lifetime	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]

\* Benefit Amount chosen on this proposal.

**Important Disclosures**

This is a proposal and is neither a contract nor an offer to contract. Refer to the actual insurance policy, outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.


**VISTA Care Choices**  
**Tax-Qualified Long-Term Care Insurance Policy**

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier:	[     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit:	\$[     ]
Elimination Period:	[     ]		
Riders: [     ]			

**Benefit Options Matrix**

<b>Inflation Rider</b>	<b>Benefit Multiplier</b>	<b>Elimination Period (days)</b>				
		<b>[     ] Days</b>	<b>[     ] Days</b>	<b>[     ] Days</b>	<b>[     ] Days</b>	<b>[     ] Days</b>
[Automatic Compound Increase B182]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Automatic Compound Increase 2X B183]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Automatic Simple Increase B184]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Guarantee Purchase B185]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[No Inflation Protection Rider]	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	8 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	Lifetime	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

**Important Disclosures**

This is a proposal and is neither a contract nor an offer to contract. Refer to the actual insurance policy, outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.



VISTA Care Choices  
Tax-Qualified Long-Term Care Insurance Policy

Primary Insured: [     ]  
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]  
Premium Mode: [     ]  
State: [     ]  
Requested Effective Date: [mm/dd/yyyy]

Prepared By: [     ]  
Company: Physicians Mutual Insurance Company  
2600 Dodge Street  
Omaha, NE 68131  
[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

Selected Benefit Options

Facility Care Benefit:                     \$[     ] ([     ] maximum)  
[     ] Home & Community Care Benefit:     \$[     ] ([     ] maximum)  
Elimination Period:                         [     ]  
Riders: [     ]

Benefit Multiplier:                     [     ]  
Maximum Benefit:                     \$[     ]

Inflation Protection Rider Comparison

Estimated Benefit Amount					Accumulated Annualized Premium			
Age	Automatic Compound Increase	Automatic Compound 2x Increase	Automatic Simple Increase	Guaranteed Purchase Option	Automatic Compound Increase	Automatic Compound 2x Increase	Automatic Simple Increase	Guaranteed Purchase Option
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

Important Disclosures

This is a proposal and is neither a contract nor an offer to contract. Refer to the actual insurance policy, outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.



## VISTA Care Choices Home Health Care Insurance Policy

Primary Insured: [ ]	Prepared By: [ ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [ ]	2600 Dodge Street
State: [ ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

### Selected Benefit Options

Home and Community Care Benefit:	\$[ ] ([ ] maximum)	Benefit Multiplier: [ ]
Elimination Period:	[ ]	Maximum Benefit: \$[ ]
Riders: [ ]		

Policy Benefit Options	[Premium Mode] Premium
Base Policy [P147]:	\$[ ]
[%] Home & Community Care [rider #]:	\$[ ]
[Inflation Protection Rider]:	\$[ ]
[rider]:	\$[ ]
[rider]:	\$[ ]
[rider]:	\$[ ]
[discount]:	\$[ ] [-]
	\$[ ]
Total Modal Premium:	\$[ ]
[Medicare Supplement/LTC Discount of 5% for 1st Yr:]	\$[ ] [-]
Total First Year Modal Premium:	\$[ ]

### Alternate Premium Modes

	Monthly ABW	Quarterly	Semi-Annual	Annual
First Year Premium:	\$[ ]	\$[ ]	\$[ ]	\$[ ]
Renewal Premium	\$[ ]	\$[ ]	\$[ ]	\$[ ]

### Important Disclosures

This is a proposal and is neither a contract nor an offer to contract. Refer to the actual insurance policy, outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.



**VISTA Care Choices**  
**Home Health Care Insurance Policy**

Primary Insured: [ ]	Prepared By: [ ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [ ]	2600 Dodge Street
State: [ ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Home and Community Care Benefit:	[\$ ] ([ ] maximum)	Benefit Multiplier: [ ]
Elimination Period:	[ ]	Maximum Benefit: \$[ ]
Riders: [ ]		

**Cost of Waiting**

<u>If</u> <u>Purchased</u>	<u>Age</u>	<u>Monthly</u> <u>Benefit</u>	<u>Maximum</u> <u>Benefit</u>	<u>First Year</u> <u>Estimated</u> <u>Annualized</u> <u>Premium</u>	<u>Estimated</u> <u>Premiums</u> <u>Paid to Age 85</u>	<u>Cost of Waiting</u>
	[ ]	[\$ ]	[\$ ]	[\$ ]	[\$ ]	[\$ ]
Today	[ ]	[\$ ]	[\$ ]	[\$ ]	[\$ ]	[\$ ]
1 Year	[ ]	[\$ ]	[\$ ]	[\$ ]	[\$ ]	[\$ ]
5 Years	[ ]	[\$ ]	[\$ ]	[\$ ]	[\$ ]	[\$ ]
10 Years	[ ]	[\$ ]	[\$ ]	[\$ ]	[\$ ]	[\$ ]
20 Years	[ ]	[\$ ]	[\$ ]	[\$ ]	[\$ ]	[\$ ]

The Cost of Waiting is an illustrative example of increased cost to purchase this insurance policy at a later date. The Monthly Benefit column is increased by 5% compounded annually to reflect inflation. The remaining columns are estimates based on the Monthly Benefit.

**Important Disclosures**

This is a proposal and is neither a contract nor an offer to contract. Refer to the actual insurance policy, outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.

**VISTA Care Choices  
Home Health Care Insurance Policy**

Primary Insured: [    ]	Prepared By: [    ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [    ]	2600 Dodge Street
State: [    ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Home and Community Care Benefit:	\$[    ] ([    ] maximum)	Benefit Multiplier: [    ]
Elimination Period:	[    ]	Maximum Benefit: \$[    ]
Riders: [    ]		

**Variations in Benefit Amount**

<u>Benefit Duration</u>	[ \$ ]	[ \$ ]	[ \$ ]*	[ \$ ]	[ \$ ]
1 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
2 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
3 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
4 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
5 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]

\* Benefit Amount chosen on this proposal.

**Important Disclosures**

This is a proposal and is neither a contract nor an offer to contract. Refer to the actual insurance policy, outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.


**VISTA Care Choices  
Home Health Care Insurance Policy**

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Home and Community Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier: [     ]
Elimination Period:	[     ]	Maximum Benefit: \$[     ]
Riders: [     ]		

**Benefit Options Matrix**
**Elimination Period (days)**

<b><u>InInflation Rider</u></b>	<b><u>Benefit Multiplier</u></b>	<b><u>[     ] Days</u></b>	<b><u>[     ] Days</u></b>	<b><u>[     ] Days</u></b>	<b><u>[     ] Days</u></b>	<b><u>[     ] Days</u></b>
[Automatic Compound Increase B203]	1 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Automatic Compound Increase 2X B204]	1 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Automatic Simple Increase B205]	1 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[Guarantee Purchase B210]	1 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
[No Inflation Protection Rider]	1 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	2 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	3 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	4 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]
	5 Years	\$[     ]	\$[     ]	\$[     ]	\$[     ]	\$[     ]

**Important Disclosures**

This is a proposal and is neither a contract nor an offer to contract. Refer to the actual insurance policy, outline of coverage and brochure for complete details. If issued, the insurance policy and premium are subject to underwriting approval.



VISTA Care Choices  
Home Health Care Insurance Policy

Primary Insured: [    ]  
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]  
Premium Mode: [    ]  
State: [    ]  
Requested Effective Date: [mm/dd/yyyy]

Prepared By: [    ]  
Company: Physicians Mutual Insurance Company  
2600 Dodge Street  
Omaha, NE 68131  
[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

Selected Benefit Options

Home and Community Care Benefit:      \$[    ] ([    ] maximum)  
Elimination Period:                              [    ]  
Riders: [    ]

Benefit Multiplier: [    ]  
Maximum Benefit: \$[    ]

Inflation Protection Rider Comparison								
Estimated Benefit Amount					Accumulated Annualized Premium			
Age	Automatic Compound Increase	Automatic Compound 2x Increase	Automatic Simple Increase	Guaranteed Purchase Option	Automatic Compound Increase	Automatic Compound 2x Increase	Automatic Simple Increase	Guaranteed Purchase Option
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
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[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]




**VISTA Care Choices**  
**Tax-Qualified Basic Long-Term Care Insurance Policy**

Primary Insured: [     ]	Prepared By: [     ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [     ]	2600 Dodge Street
State: [     ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit:	\$[     ] ([     ] maximum)	Benefit Multiplier: [     ]
[     ] Home & Community Care Benefit:	\$[     ] ([     ] maximum)	Maximum Benefit: \$[     ]
Elimination Period:	[     ]	
Riders: [     ]		

Policy Benefit Options	[Premium Mode] Premium	
Base Policy [P146]:	\$[     ]	
[     ] Home & Community Care [rider #]:	\$[     ]	
[Inflation Protection Rider]:	\$[     ]	
[rider]:	\$[     ]	
[rider]:	\$[     ]	
[rider]:	\$[     ]	
[discount]:	\$[     ]	[-]
Total Modal Premium:	\$[     ]	
[Medicare Supplement/LTC Discount of 5% for 1st Yr:]	\$[     ]	[-]
Total First Year Modal Premium:	\$[     ]	

**Alternate Premium Modes**

	Monthly ABW	Quarterly	Semi-Annual	Annual
First Year Premium:	\$[     ]	\$[     ]	\$[     ]	\$[     ]
Renewal Premium	\$[     ]	\$[     ]	\$[     ]	\$[     ]

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**VISTA Care Choices**  
**Tax-Qualified Basic Long-Term Care Insurance Policy**

Primary Insured: [ ] Prepared By: [ ]  
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status] Company: Physicians Mutual Insurance Company  
Premium Mode: [ ] 2600 Dodge Street  
State: [ ] Omaha, NE 68131  
Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit: \$[ ] ([ ] maximum) Benefit Multiplier: [ ]  
[ ] Home & Community Care Benefit: \$[ ] ([ ] maximum) Maximum Benefit: \$[ ]  
Elimination Period: [ ]  
Riders: [ ]

**Cost of Waiting**

<u>If</u> <u>Purchased</u>	<u>Age</u>	<u>Monthly</u> <u>Benefit</u>	<u>Maximum</u> <u>Benefit</u>	<u>First Year</u> <u>Estimated</u> <u>Annualized</u> <u>Premium</u>	<u>Estimated</u> <u>Premiums</u> <u>Paid to Age 85</u>	<u>Cost of Waiting</u>
	[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
Today	[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
1 Year	[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
5 Years	[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
10 Years	[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
20 Years	[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]

The Cost of Waiting is an illustrative example of increased cost to purchase this insurance policy at a later date. The Monthly Benefit column is increased by 5% compounded annually to reflect inflation. The remaining columns are estimates based on the Monthly Benefit.

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Premium Mode: [ ] 2600 Dodge Street  
State: [ ] Omaha, NE 68131  
Requested Effective Date: [mm/dd/yyyy] [(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit: \$[ ] ([ ] maximum) Benefit Multiplier: [ ]  
[ ] Home & Community Care Benefit: \$[ ] ([ ] maximum) Maximum Benefit: \$[ ]  
Elimination Period: [ ]  
Riders: [ ]

**Variations in Benefit Amount**

<u>Benefit</u> <u>Duration</u>	[ \$ ]	[ \$ ]	[ \$ ]*	[ \$ ]	[ \$ ]
2 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
3 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
4 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
5 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
8 Years	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]
Lifetime	\$[ ]	\$[ ]	\$[ ]	\$[ ]	\$[ ]

\* Benefit Amount chosen on this proposal.

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**VISTA Care Choices**  
**Tax-Qualified Basic Long-Term Care Insurance Policy**

Primary Insured: [    ]	Prepared By: [    ]
[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]	Company: Physicians Mutual Insurance Company
Premium Mode: [    ]	2600 Dodge Street
State: [    ]	Omaha, NE 68131
Requested Effective Date: [mm/dd/yyyy]	[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

**Selected Benefit Options**

Facility Care Benefit:	\$[    ] ([    ] maximum)	Benefit Multiplier:	[    ]
[    ] Home & Community Care Benefit:	\$[    ] ([    ] maximum)	Maximum Benefit:	\$[    ]
Elimination Period:	[    ]		
Riders: [    ]			

**Benefit Options Matrix****Elimination Period (days)**

<b>Inflation Rider</b>	<b>Benefit Multiplier</b>	<b>[    ] Days</b>	<b>[    ] Days</b>	<b>[    ] Days</b>	<b>[    ] Days</b>	<b>[    ] Days</b>
[Automatic Compound Increase B182]	2 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	3 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	4 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	5 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	8 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	Lifetime	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[Automatic Compound Increase 2X B183]	2 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	3 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	4 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	5 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	8 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	Lifetime	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[Automatic Simple Increase B184]	2 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	3 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	4 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	5 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	8 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	Lifetime	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[Guarantee Purchase B185]	2 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	3 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	4 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	5 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	8 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	Lifetime	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
[No Inflation Protection Rider]	2 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	3 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	4 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	5 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	8 Years	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]
	Lifetime	\$[    ]	\$[    ]	\$[    ]	\$[    ]	\$[    ]

**Important Disclosures**

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## VISTA Care Choices Tax-Qualified Basic Long-Term Care Insurance Policy

Primary Insured: [ ]

Prepared By: [ ]

[Sex], Age [XXX], DOB [mm/dd/yyyy], [Status]

Company: Physicians Mutual Insurance Company

Premium Mode: [ ]

2600 Dodge Street

State: [ ]

Omaha, NE 68131

Requested Effective Date: [mm/dd/yyyy]

[(XXX) XXX-XXXX Ext. XXXX], Fax [(XXX) XXX-XXXX]

## Selected Benefit Options

Facility Care Benefit:

$$S[\mathbf{r}] = \int_{\mathbf{r}}^{\mathbf{r}'} (\mathbf{r}' - \mathbf{r}) \cdot \mathbf{f}(\mathbf{r}) d\mathbf{r}$$

Benefit Multiplier:

[ ]

[ ] Home & Community Care Benefit:

\$[ \quad ]\$ ([ \$\quad\$ ] maximum)

Maximum Benefit:

\$[ \quad ]\$

Elimination Period:

[ ]

Riders: [ ]

### Inflation Protection Rider Comparison

**Estimated Benefit Amount**

### Accumulated Annualized Premium

[illegible]

## Important Disclosures

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